



Arrestment Disclosure Form

Employee Name (Print)

Position (Print)

Date of Arrestment (Print)

Pursuant to Public Act 131 of 2005, I, hereby disclose that I was arrested on the
aforementioned date for the criminal offense of:

in _____ Court, located in the State of
_____, County of _____.

In signing this form, I acknowledge that I understand that failure to disclose this information is a violation of Public Act 131 and can result in action being taken relative to my certification and/or employment.

In signing this form, I acknowledge that I understand that should I be convicted of or plead guilty or nolo contendere (no contest) or am the subject of a finding of guilt by a judge or jury, it is my responsibility to disclose to the court that I am employed by a school, public or non-public. I also understand that if I am subsequently not convicted of any crime after the completion of judicial proceedings resulting from that charge, I must request, in writing, that the Michigan Department of Education and the employing school/district delete the report from my records.

X _____
Signature

Date

**Send Form To: Berrien RESA
Attn: Human Resource Department
711 St Joseph Ave
Berrien Springs, MI 49103**