

**DS 1831 (New 7/2008) (Electronic Version)**

**SELF-DIRECTED SERVICES CRIMINAL RECORD CLEARANCE ACTION**

**RETURN TO:**

California State Department of Developmental Services  
Office of Protective Services  
1600 Ninth Street, Room 300, MS 3-20  
Sacramento, CA 95814

**CONTACT INFORMATION:**

E Mail Address: [sdsp@dds.ca.gov](mailto:sdsp@dds.ca.gov)  
Telephone Number: (916) 651-7705

**INSTRUCTIONS**

- \* Completion of this form is required for all prospective and current Financial Management Services providers.
- \* Completion of this form is required when the participant has requested a criminal record clearance for employment of service workers who provide direct care and supports brokers pursuant to W&I Code 4685.7.
- \* Use this form to report new applicants, corrections (*including name changes*), and terminations.
- \* Please type or legibly print (*in ink*) all required information.

**Section 1. ACTION REQUESTED**

CHECK APPROPRIATE BOX:

Initial Applicant Request for Clearance (**Attach Completed Forms DS 1832 and DS 1833 and Copy of BCII 8016, Live Scan Request Form**).

Withdraw Named Individual \_\_\_\_\_ (Name) \_\_\_\_\_ (Date)

Name Correction \_\_\_\_\_ (Original Name) \_\_\_\_\_ (Corrected Name)

**Section 2. IDENTIFICATION INFORMATION**

Date \_\_\_\_\_

Affiliated Regional Center(s) \_\_\_\_\_

Organization Name (*If Applicable*) \_\_\_\_\_

Applicant's Name \_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle)

Aliases/Maiden Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Title \_\_\_\_\_

Street Address (No PO Boxes) \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_ CDL#/CA ID# \_\_\_\_\_ SSN# \_\_\_\_\_