

## **FELONY CONVICTION REPORTING INSTRUCTIONS**

**What types of convictions must be disclosed?** You must report all felony convictions, even if they did not occur in Kansas or you were told they did not appear on a background check. You DO NOT have to report pending felony charges or convictions that have been expunged or pardoned.

**Why do I have to report my felony conviction?** A felony conviction does not automatically disqualify you from receiving a license, but by law, the Board of Barbering may consider your felony conviction in deciding whether to grant your application for a license.

## **REQUIRED DOCUMENTS**

The Board requires you to submit the following:

- ☐ Application
- ☐ Felony Conviction Disclosure Form
- ☐ Felony Conviction Monitoring Form (If you are currently on probation, parole or post-release supervision) ☐ Court Documents for each case:
- ☐ Complaint or Indictment (Charges filed against you)
- ☐ Journal Entry of Sentencing (Shows convictions and sentencing by the Court) **Do NOT include Pre-Sentence Investigation Reports or sealed documents.**
- ☐ Proof of Completion of Probation or Release from Supervision (if applicable)
- ☐ Copy of KASPER report. You may mark out your height, weight, hair and eye color, gender, race, date of birth, or photo if you would like to. In any event, the Board of Barbering does not consider those characteristics in evaluating applications.

**The application, forms and court documents should be sent to the Board in the same envelope.**

**Incomplete submissions will be returned.**

**What is the Felony Conviction Disclosure Form?** \*This form is required. \*This form provides the Board with information about your conviction in enough detail to permit the Board to make a decision regarding your application.

**What is the Felony Conviction Monitoring Form?** \*This form is only required IF you are currently serving probation, parole, or are on post-release supervision. \* This form provides the Board with information regarding your conviction from the monitoring agency. If you are currently serving probation, parole or are on post-release supervision, you must have your monitoring agency complete this form.

**How do I obtain court documents?** Court documents can be obtained at the Courthouse from the Clerk of Courts in the County conviction. If, for some reason, the documents are unavailable, you must provide a letter from the Court stating the documents are not available.

**What if my conviction was in another state?** It may take some time to obtain your court documents. Most states require that you submit your request in writing along with a payment in order to obtain records.

## **REVIEW PROCESS**

**What does the Board consider when determining whether to grant a license?** In determining whether to grant your application for a license, the Board considers the following:

- |   |   |
|---|---|
| 1. The nature of offense                        | 5. Your present moral fitness             |
| 2. Any aggravating or extenuating circumstances | 6. Your consciousness of wrongful conduct |
| 3. The time since offense                       | 7. Your age/maturity at time of offense   |
| 4. Rehabilitation or restitution                | 8. Your present competence/skill          |

**What happens next?** After the Board receives your application, forms and court documents, your file will be reviewed by the Board's Disciplinary Panel. If the Board approves your application, your license will be issued. If the Board does not approve your application, you will receive an Order stating the reasons for denial.



FELONY CONVICTION DISCLOSURE FORM

**APPLICATION TYPE: (circle one) Barber Training, Initial Barber License, Barber Renewal, Transfer License, Instructor License, Shop License**

**APPLICANT/LICENSEE INFORMATION**

NAME		EMAIL	
HOME ADDRESS	CITY	STATE	ZIP
PHONE	CELL PHONE	DATE OF BIRTH	LICENSE NO. (IF APPLICABLE)

**CASE INFORMATION** (Attach additional sheets if you need to list more cases)

COURT NAME	CASE NO.	CRIME - CONVICTION(S)	ATTACH THE FOLLOWING:
			<input type="checkbox"/> Complaint <input type="checkbox"/> Journal Entry of Sentencing <input type="checkbox"/> Proof of Completion of Probation/ Supervision (if applicable)
			<input type="checkbox"/> Complaint <input type="checkbox"/> Journal Entry of Sentencing <input type="checkbox"/> Proof of Completion of Probation/ Supervision (if applicable)
			<input type="checkbox"/> Complaint <input type="checkbox"/> Journal Entry of Sentencing <input type="checkbox"/> Proof of Completion of Probation/ Supervision (if applicable)
			<input type="checkbox"/> Complaint <input type="checkbox"/> Journal Entry of Sentencing <input type="checkbox"/> Proof of Completion of Probation/ Supervision (if applicable)

**CASE STATUS**

Are you currently on probation, parole or post-release supervision	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
When did you complete probation, parole or post-release supervision?			<input type="checkbox"/> NA
Have you paid all court ordered restitution?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Have you completed all court ordered treatment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA

If you have not paid all court ordered restitution and/or completed all court ordered treatment, explain why.

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FELONY CONVICTION DISCLOSURE FORM

**EXPLANATION OF CRIME**

For each of your convictions, explain why and how you committed the crime. Also, explain if there were any special circumstances that you would like the Board to know regarding the crime.

Do you take full responsibility for the crime or were there circumstances that were beyond your control that caused you to be charged with the crime?

12/07/2020

FELONY CONVICTION DISCLOSURE FORM

**REHABILITATION**

Explain what you have done to rehabilitate yourself since you were convicted. Examples include attending treatment and therapy, activities and employment, etc. You may also attach letters of recommendation, certificates of completion of treatment.

Explain why the Board should grant your request for a license.

**CERTIFICATION**

I declare under penalty of perjury under the laws of the State of Kansas that the information contained herein is true and correct. I understand providing false information may constitute grounds for denial of my application pursuant to K.S.A. 65-1908.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE SIGNED

12/07/2020



Laura Kelly, Governor

FELONY CONVICTION MONITORING FORM

**INSTRUCTIONS**

You must submit this form IF you are currently on probation, parole or post-release supervision. Complete the Authorization to Release Confidential Information portion of this form and give it to your monitoring agency to complete the rest.

**AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION**

I hereby authorize \_\_\_\_\_ (Name of Monitoring Agency) to release confidential information in its records, possession or knowledge, regarding the status of my case(s), to the Kansas Board of Barbering. This information will be used to determine whether the Kansas Board of Barbering should grant my application for a license.

COURT NAME	CASE NO.	COURT NAME	CASE NO.
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DEFENDANT'S SIGNATURE \_\_\_\_\_

DATE SIGNED \_\_\_\_\_

**MONITORING AGENCY INFORMATION**

MONITORING AGENCY	NAME OF MONITORING OFFICER		
EMAIL ADDRESS	PHONE		
ADDRESS	CITY	STATE	ZIP

**Case Information**

Date monitoring began: \_\_\_\_\_ Date Monitoring scheduled to end: \_\_\_\_\_

Was the applicant the principal participant or an accessory? ☐ Principal ☐ Accessory  
Was the crime premeditated or spur of the moment? ☐ Premeditated ☐ Spur of the moment  
Were there damages or injury to the victim? ☐ Yes ☐ No Did the applicant make restitution to the victim? ☐ Yes ☐ No

**Compliance Status**

- ☐ Compliant as of this date with all terms and conditions of monitoring and no revocation is pending.  
☐ Non-compliant on this date with terms and conditions of monitoring as follows:

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**Comments**

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**REFUSAL TO COMPLETE FORM**

- ☐ I am unable to complete this form or to disclose any information regarding the defendant

**CERTIFICATION**

MONITORING OFFICER'S SIGNATURE: \_\_\_\_\_ DATE SIGNED: \_\_\_\_\_