

CHAPTER 17E**PERSONS EMPLOYED IN THE BUSINESS OF INSURANCE****Authority**

N.J.S.A. 2A:168A-1 et seq., 17:1-8.1, 17:1-15e and 17:22AA-1 et seq.; and 18 U.S.C. §§ 1033 and 1034.

Source and Effective Date

R.2001 d.459, effective December 3, 2001.
See: 33 N.J.R. 2021(a), 33 N.J.R. 4108(b).

Chapter Expiration Date

In accordance with N.J.S.A. 52:14B-5.1c, Chapter 17E, Persons Employed in the Business of Insurance, expires on June 1, 2007. See: 39 N.J.R. 156(a).

Chapter Historical Note

Chapter 17E, Persons Employed in the Business of Insurance, was adopted as new rules by R.2001 d.459, effective December 3, 2001. See: Source and Effective Date.

CHAPTER TABLE OF CONTENTS**SUBCHAPTER 1. CONVICTED PERSONS; WAIVERS**

- 11:17E-1.1 Purpose and scope
- 11:17E-1.2 Definitions
- 11:17E-1.3 Prohibited activities; requirement to obtain waiver; determination of appropriate state
- 11:17E-1.4 Applications, general provisions and maintenance of records
- 11:17E-1.5 Commissioner's action, order and scope of waiver
- 11:17E-1.6 Confidential records and information
- 11:17E-1.7 Penalties

APPENDIX**SUBCHAPTER 1. CONVICTED PERSONS; WAIVERS****11:17E-1.1 Purpose and scope**

(a) The purpose of this chapter is to implement 18 U.S.C. § 1033, a Federal statute which provides that no person having been convicted of a felony involving dishonesty or breach of trust or an offense under 18 U.S.C. § 1033 shall engage in the business of insurance without having first obtained the written consent of the Commissioner or his or her designee.

(b) This subchapter shall apply to any person employed in any capacity in the business of insurance.

(c) This subchapter applies to all insurers doing business in this State pursuant to Title 17, 17B, or 26 of the New Jersey Statutes, or any risk retention group or purchasing group operating pursuant to the "Liability Risk Retention Act of 1986," 18 U.S.C. §§ 3901 et seq., or other similar risk retention organization organized pursuant to State law.

11:17E-1.2 Definitions

The following words and terms, when used in this chapter, shall have the following meanings, unless the context clearly indicates otherwise.

"Breach of trust" means any criminal act that includes, in any degree, an element of:

1. Theft, misuse, conversion, misapplication, embezzlement, misappropriation of property of another;
2. Defalcation as trustee, administrator, executor, conservator, receiver, guardian, agent, employee, partner, officer, director or public servant; or
3. Abuse of any position, title or office held in, or the property of any public, private or charitable entity.

"Business of insurance" means the writing of insurance or the reinsuring of risks by an insurer, including all acts necessary or incidental to such writing of insurance or reinsurance, and the activities of any person who acts as, or is, an officer, director, agent, or employee of an insurer, producer, or any other person authorized to act on behalf of such persons, including independent contractors of insurers.

"Commissioner" means the Commissioner of the New Jersey Department of Banking and Insurance or his or her designee.

"Conviction" means a finding of guilty or a plea of guilty, on vult, nolo contendere or no contest in a criminal court of the United States of America or in any state, commonwealth or possession. Deferred adjudication and conditional discharges are not convictions.

"Department" means the New Jersey Department of Banking and Insurance.

"Dishonesty" means any act, omission or commission, which involves or in any way constitutes the offense of theft, larceny, robbery, wrongful appropriation, criminal conversion, tax evasion, perjury, bribery, forgery, defalcation, counterfeiting, false or misleading oral or written statements, deception, fraud, schemes or other artifices to deceive or defraud, material misrepresentation and/or the failure to disclose material facts which are part of a criminal enterprise.

"Felony" means the following:

1. Any Federal crime for which the maximum authorized punishment exceeds one year of imprisonment;
2. Any crime identified as an offense of the first, second, third or fourth degree pursuant to N.J.S.A. 2C:1-4 and 43-1;
3. Any crime identified as a high misdemeanor or misdemeanor by Title 2A of the New Jersey Statutes for which

the maximum authorized punishment exceeds one year incarceration; or

4. Any crime in any other state, commonwealth, territory or possession that is identified as a felony in that state, commonwealth, territory or possession, or, if not identified as a felony in said other jurisdiction, any offense for which the maximum authorized punishment exceeds one year incarceration.

“Insurer” means:

1. Any corporation, association, partnership, reciprocal exchange, interinsurer, Lloyd’s insurer, fraternal benefit society or other person engaged in the business of insurance pursuant to Subtitle 3 of Title 17 of the Revised Statutes (N.J.S.A. 17:17-1 et seq.), or Subtitle 3 of Title 17B of the New Jersey Statutes (N.J.S.A. 17B:17-1 et seq.);

2. Any medical service corporation operating pursuant to P.L. 1940, c.75 (N.J.S.A. 17:48A-1 et seq.);

3. Any hospital service corporation operating pursuant to P.L. 1938, c.366 (N.J.S.A. 17:48-1 et seq.);

4. Any health service corporation operating pursuant to P.L. 1985, c.236 (N.J.S.A. 17:48E-1 et seq.);

5. Any dental service corporation operating pursuant to P.L. 1968, c.305 (N.J.S.A. 17:48C-1 et seq.);

6. Any dental service organization operating pursuant to P.L. 1979, c.478 (N.J.S.A.17:48D-1 et seq.);

7. Any insurance plan operating pursuant to P.L. 1970, c.215 (N.J.S.A. 17:29D-1);

8. The New Jersey Insurance Underwriting Association operating pursuant to P.L. 1968, c.129 (N.J.S.A. 17:37A-1 et seq.); and

9. Any risk retention group or purchasing group operating pursuant to the “Liability Risk Retention Act of 1986,” 15 U.S.C. §§ 3901 et seq.

“Insurance producer” means any person, persons or corporation licensed in the business of an insurance agent, insurance broker or insurance consultant.

“Prohibited person” is any person convicted of a felony involving dishonesty or breach of trust who is prohibited from being employed by an insurer in the business of insurance pursuant to 18 U.S.C. § 1033.

“Waiver” means a written order signed by the Commissioner or his or her designee that permits an otherwise prohibited person to be employed by a specific employer in a specified title, job or position in the business of insurance issued in accordance with 18 U.S.C. § 1033(e)(2).

Amended by R.2002 d.354, effective November 4, 2002.
See: 34 N.J.R. 2286(a), 34 N.J.R. 2549(b), 34 N.J.R. 3839(a).

In “Business of insurance”, deleted “limited insurance representative” preceding “or any other person”; deleted “Limited insurance representative”.

11:17E-1.3 Prohibited activities; requirement to obtain waiver; determination of appropriate state

(a) No person having been convicted of a felony involving breach of trust or dishonesty or having been convicted under 18 U.S.C. § 1033 shall be employed in the business of insurance in this State in any capacity without having first obtained a waiver from the Commissioner or his or her designee in accordance with the provisions of 18 U.S.C. § 1033(e)(2) and this subchapter.

(b) No insurer, producer, or any other person or independent contractor involved in the business of insurance in this State shall employ any prohibited person in any capacity without having first ensured that said prohibited person has obtained a waiver in accordance with 18 U.S.C. § 1033(e)(2) and this subchapter.

(c) All prohibited persons seeking to obtain a waiver in accordance with (a) above shall complete and file “Application for Waiver Short Form” or “Application for Waiver Comprehensive Form,” set forth in Exhibits A and B respectively in the Appendix to this chapter and incorporated herein by reference, together with the processing fee of \$59.00 to:

New Jersey Department of Banking and Insurance
1033 Compliance
PO Box 324
Trenton, NJ 08625-0324

(d) This State shall be deemed to be the appropriate state from which an applicant shall obtain a waiver where:

1. The applicant will be employed in the business of insurance in this State;
2. The applicant would be required to obtain a producer’s license to do business in this State; or
3. The applicant is or will be an officer, director or employee of a domestic insurer, reinsurer, producer, third-party administrator or independent contractor performing substantial insurance related activities for a domestic insurer or producer.

Amended by R.2002 d.354, effective November 4, 2002.

See: 34 N.J.R. 2286(a), 34 N.J.R. 2549(b), 34 N.J.R. 3839(a).

In (b), deleted “limited insurance representative,” preceding “or any other person”; in (d), deleted “or limited insurance representative registration” in 2 and deleted “or limited insurance representative” in 3.

11:17E-1.4 Applications, general provisions and maintenance of records

(a) Except as provided in (b) below, all prohibited persons who are, or seek to be, employed in the business of insurance in any capacity in this State shall complete and file an application for waiver using the “Short Form,” set forth as Exhibit A in the Appendix to this chapter.

(b) The following prohibited persons when seeking a waiver shall complete and file the "Comprehensive Form," set forth as Exhibit B in the Appendix to this subchapter:

1. Persons in possession of any license to engage in the business of insurance as a producer in this State;
2. Persons seeking to obtain or renew an insurance producer's license in this State; or
3. Persons who are engaged in the business of insurance, whose scope of employment includes any of the following duties or powers:
 - i. Corporate officer, director or manager;
 - ii. Direct involvement in the handling of customer funds; or
 - iii. Direct involvement in selling policies to the public.

(c) Upon review of the completed "Short Form" application for waiver, the Department may request the applicant to complete and file the "Comprehensive Form."

(d) No prohibited person shall be granted a license, or renewal of a license, as a producer unless such person has first been granted a waiver by the Commissioner or his or her designee pursuant to this chapter.

(e) The Department shall not accept any application for waiver if the Department finds that any of the following conditions exist:

1. The applicant is not a prohibited person within the meaning of N.J.A.C. 11:17E-1.2;
2. New Jersey is not the appropriate State to grant a waiver in accordance with N.J.A.C. 11:17E-1.3(d); or
3. The application is not complete or is not properly executed.

(f) If an application is not accepted in accordance with (e) above, it shall be returned to the applicant with an explanation of the reasons for non-acceptance.

(g) If the application is accepted, the Department shall act on the application after investigation, which shall include:

1. Obtaining a State and Federal criminal records check based on the applicant's name, address, date of birth, social security number and fingerprints;
2. Sending e-mail notification to all other states pertaining to the application for waiver;
3. Verifying the contents of the applications; and
4. Inquiry into any and all other matters deemed necessary.

(h) Upon completion of the investigation and receipt of any additional records and documentation deemed necessary by the Department, the application shall be reviewed in accordance with the standards set forth in the Rehabilitated Convicted Offenders Act, N.J.S.A. 2A:168A-1 et seq., as set forth in (i) below.

(i) In determining whether to approve an application for waiver, the following factors shall be considered:

1. The nature and duties of the work, occupation, trade, vocation, profession, business or license or certificate for which the person is applying;
2. The nature and seriousness of the offense;
3. The circumstances under which the offense occurred;
4. The date of the offense;
5. The age of the person at the time the offense was committed;
6. Whether the offense was an isolated or repeated incident;
7. Any social conditions that may have contributed to the offense;
8. Any evidence of rehabilitation, including good conduct in prison or in the community, counseling or psychiatric treatment received, acquisition of additional academic or vocational schooling, successful participation in correctional work-release programs, or the recommendation of persons who have or have had the applicant under their supervision;
9. Evidence of a pardon or of the expungement of a criminal conviction, pursuant to N.J.S.A. 2A:164-28, or of a certificate of the Federal or State Parole Board, or of the Chief Probation Officer of a United States District Court or a county who has supervised the applicant's probation, that the applicant achieved a sufficient degree of rehabilitation to indicate that his or her proposed employment would not be incompatible with the welfare of society;
10. The full payment or continuing payment of restitution and such other fines and penalties as the court may have imposed; and
11. Such other factors as the Commissioner or his or her designee may deem appropriate.

(j) The Department shall maintain records of all applications, investigative reports and results in accordance with N.J.A.C. 11:17E-1.6.

Amended by R.2002 d.354, effective November 4, 2002.

See: 34 N.J.R. 2286(a), 34 N.J.R. 2549(b), 34 N.J.R. 3839(a).

In (b), deleted "or limited insurance representative" following "as a producer" in 1; in (d), deleted "or as a limited insurance representative" following "as a producer".

11:17E-1.5 Commissioner's action, order and scope of waiver

(a) After consideration and review, the Commissioner or his or her designee may:

1. Grant the application for waiver;
2. Deny the application for waiver; and/or
3. Require such other conditions as are deemed appropriate.

(b) The scope of any waiver shall be specifically limited to the employer identified in the application, the job description and title for which the waiver was granted.

(c) The Department shall provide a copy of the Order to the applicant, prospective employer and the NAIC database described in N.J.A.C. 11:17E-1.6.

(d) The Order of the Commissioner or his or her designee shall constitute a final agency decision in accordance with the Administrative Procedure Act, N.J.S.A. 52:14B-1 et seq.

11:17E-1.6 Confidential records and information

All information and materials in the possession of the Department concerning waivers and applications for waiver are confidential, and not subject to public inspection or copying under the "Right to Know" Law, N.J.S.A. 47:1A-1 et seq. However, the Department may share information and materials with other states and agencies, in accordance with procedures established by the NAIC's National Special Activities Database (SAD) for the sharing of information pertaining to applications for waiver.

11:17E-1.7 Penalties

Failure to comply with the provisions of this chapter shall result in the imposition of penalties as authorized by law.

APPENDIX

Exhibit A

**STATE OF NEW JERSEY
DEPARTMENT OF BANKING AND INSURANCE****INITIAL APPLICATION
FOR WRITTEN CONSENT
TO ENGAGE IN
THE BUSINESS OF INSURANCE
PURSUANT TO
18 U.S.C. §§ 1033 AND 1034**

Notice to Applicant: 18 U.S.C. § 1033 prohibits certain activities by or affecting persons engaged, or proposing to become engaged, in the business of insurance:

- (e)(1)(A)** Any individual who has been convicted of any criminal felony involving dishonesty or a breach of trust, or who has been convicted of an offense under this section, and who willfully engages in the business of insurance whose activities affect interstate commerce or participates in such business, shall be fined as provided in this title or imprisoned not more than 5 years, or both.
- (B)** Any individual who is engaged in the business of insurance whose activities affect interstate commerce and who willfully permits the participation described in subparagraph (A) shall be fined as provided in this title or imprisoned not more than 5 years, or both.
- (e)(2)** A person described in paragraph (1)(A) may engage in the business of insurance or participate in such business if such person has the written consent of any regulatory official authorized to regulate the insurer, which consent specifically refers to this section.

This Application will be reviewed by the chief insurance regulatory official in this state to determine whether the Applicant should be given written consent to engage in the business of insurance or participate in the business pursuant to 18 U.S.C. § 1033(e)(2).

You must answer every question on the Application. If a question does not apply, indicate N/A in the space provided for the answer. Your answers are not limited to the space provided on the Application. Attach additional pages as needed. The Department of Banking and Insurance will not process incomplete Applications. Additional information may be requested.

PLEASE TYPE OR PRINT CLEARLY

Submit Two
Identical Photos

SECTION I - APPLICANT INFORMATION

1. Full Name of Applicant:

Last Name First Name Middle

Have you ever been known by or used another name, including maiden name? yes no

If yes, identify: _____

Home Address: _____

Street Address City State Zip

Mailing Address: _____

P.O. Box or Street Address City State Zip

Home Telephone Number: _____

Work Telephone Number: _____

Social Security No. _____

Have you ever used or been issued another social security number? _____ If so, provide an explanation and previous/other social security number(s) _____

Place and Date of Birth: _____

(Answer all questions fully and completely. Failure to answer the questions fully will result in delays in the application process. You are not limited to the space below. Attach additional pages if needed).

SECTION II - CRIMINAL HISTORY

1. List any offenses for which you have been convicted. Include the details of any negotiated plea agreements and pleas of nolo contendere to an information or indictment. Attach a full description of your acts involved in the aforementioned matters. Include dates of offenses, location, and nature. Attach additional pages if needed.

2. Provide details of the conviction for which you are seeking written consent and the final disposition of these matter(s), including sentence; dates of incarceration; dates of probation/parole (if you are currently under probation/parole, include the name and phone number of person supervising your parole or probation; restitution paid; fines/costs ordered; fines/costs paid; and pardons granted. Include information as to whether or not your civil and political rights have been restored. Attach additional pages if needed.

SECTION IV - ATTACHMENTS

Attach the following documents to this Application for written consent. Applications without attachments, or applications with incomplete attachments, will be returned to the applicant.

- 1. A copy of the applicant's criminal history.
- 2. A copy of the indictment, criminal complaint, or docket sheet or other initiating documents or presentencing reports for the charge(s) which is the subject of this Application.
- 3. A copy of the order of judgment and sentence of the court for the conviction that is the subject of this Application, including certification of completion and performance of all conditions imposed by the court.
- 4. A letter on business stationery with letterhead from the individual that seeks to employ you stating in detail the duties and responsibilities that you are performing or are to perform for them and for which you seek written consent and that it is that individual's opinion that the performance of these responsibilities does not constitute a threat to the public.
- 5. (Optional) Any certificates of rehabilitation, clemency, or pardon.

I, _____ (name of applicant), swear under penalty of law that my statements in the attached Application, and the documents appended thereto, are true and correct and complete. I understand that my statements in the Application and the attachments to my Application will be relied upon by the Commissioner of the Department of Banking and Insurance, State of New Jersey in the execution of his or her duties under the law of New Jersey, and 18 U.S.C. § 1033, in making a decision on this Application. I understand that if I have made any false statement in this Application, or if there are any false statements included in the attachments to this Application, I may be criminally prosecuted under any state criminal, civil or administrative remedies available and that any insurance license(s) that I currently hold, or for which I have applied, will be subject to suspension or revocation. I further understand that these false statement(s) would also constitute a violation of 18 U.S.C. § 1033. For purposes of this Application, I do not contest the validity of any felony conviction upon which this request would be granted. *By signing this Application, I acknowledge that the New Jersey Department of Banking and Insurance, may conduct an independent investigation to confirm the information in this Application and I expressly consent and authorize any person, business or agency to release any information the Department of Banking and Insurance may request as part of the investigation, including but not limited to, records of my former employment, state and federal tax returns, business records, and banking records. I also expressly authorize the Department to release necessary data to federal, state and local agencies and other governmental units, the National Association of Insurance Commissioners, other organizations, insurers, etc. in order to verify the information in my application.*

Signature of Applicant Date

STATE OF _____)
COUNTY OF _____)

Subscribed, sworn to, and acknowledged before me by _____ to be his/her free act
and deed this _____ day of _____, 1999.

Notary Public My Commission Expires

- 4. If your insurance-related license or license application has ever been suspended, revoked, denied, refused or administratively sanctioned (include pending actions) as a result of legal or administrative action, provide the following information (attach additional pages as needed):

Date of Sanction/Suspension/Revocation/ Denial/Refusal/etc.	Type of License	Fines Paid	Status of Proceeding
--	-----------------	------------	----------------------

- 5. Do you now hold, or have you ever held, any other professional licenses, certifications or designations not issued by a Department of Insurance? yes no
If yes, provide the following information about your active or prior professional licenses, certifications or designations (attach additional pages as needed):

Issued by	Address	City/State
-----------	---------	------------

Type of License, certification or designation	Date of Issue	Status of license, certification or designation
---	---------------	---

- 6. Have you ever had a customer, client or consumer complaint, administrative or other legal proceeding (include pending actions) filed against you regarding your other professional activities? yes no
If yes, provide the following (attach additional pages as needed):

Type of Action	Court/Administrative Agency	State	Date of Action	Disposition
----------------	-----------------------------	-------	----------------	-------------

- 7. If any other professional licenses, certifications or designations, or applications have ever been suspended, revoked, denied, refused or administratively sanctioned as a result of legal or administrative action (include pending actions), provide the following information (attach additional pages as needed):

Date of Sanction/Suspension/Revocation	Type of License	Fines Paid	Status of Proceeding
--	-----------------	------------	----------------------

SECTION IV – CRIMINAL HISTORY

- 1. Provide a narrative statement describing the circumstances leading to ALL criminal charge(s) filed against you (including foreign jurisdictions); the date of charge(s); place of charge(s); trial court(s); date of disposition; convicted charge(s); sentence(s); date(s) of incarceration; date(s) of probation/parole; date(s) of release from probation/parole; restitution ordered; restitution paid; fines/costs ordered; fines/costs paid. Include details of negotiated plea agreements and pleas of *nolo contendere* to an information or indictment. Describe in detail the criminal conviction or convictions which are the subject of this Application. Attach additional pages if needed.

- 2. Other than described in Section IV, No. 1, during your lifetime have you ever been charged, arrested, indicted, entered into a negotiated plea agreement, entered a plea of guilty or *nolo contendere* to an information or indictment, had a sentence suspended or had pronouncement of a sentence suspended, in connection with any other felony or misdemeanor criminal activities? yes no
If yes, provide a narrative statement describing the circumstances of every instance.

SECTION VIII – ATTACHMENTS

Attach the following documents to this Application for Written Consent. Applications without attachments, or Applications with incomplete attachments, will be returned to the applicant. However, if you have previously completed and submitted the *Short Form Application for Written Consent to Engage in the Business of Insurance*, you do not need to provide duplicate photos or attachments.

1. A certified copy of the applicant's criminal history.
2. A certified copy of the indictment, criminal complaint or other initiating document for the charge(s) which is (are) the subject of this Application.
3. A certified copy of the order of judgment and sentence of the Court for the conviction which is the subject of this Application (including certification of performance of all conditions imposed by the Court) and/or a certified copy of the Court docket.
4. A current financial statement and list of sources of income (as described in Section VI).
5. A current certified copy of applicant's credit report.
6. Copies of any and all current or proposed agreements between you and any entity engaged in the business of insurance.
7. A sworn affidavit from the president, or other designated officer or director of the insurer, that states: the basis under which the Affiant is authorized to execute and attest to the statements made in the affidavit; the applicant will in fact perform only those insurance activities as fully described in the Application; the Application is to the best of his/her knowledge and belief, true and correct; the applicant will not be placed in a position in which his/her activities will constitute a risk or threat to insurance consumers or the insurer.
8. A copy of any pardon.
9. Any other documents, attachments, submissions, etc. including but not limited to the submission of fingerprint cards, that the Department of Banking and Insurance deems appropriate at any time in the application process or post-application period if necessary to further evaluate the applicant's fitness to be engaged in the business of insurance.

The applicant may include the following evidence of rehabilitation for the Commissioner's consideration:

1. Post-conviction community service.
2. Post-conviction charitable activity.
3. Any other information the applicant believes will assist the Commissioner in determining whether to grant written consent.
4. Letters of recommendation, addressed to the insurance regulatory official in the state where the Application is being submitted, attesting to the character and reputation of the applicant. The statement shall indicate the length of time the writer has known the applicant, their business or social relationship, and should include a description of the applicant's character traits and reputation in the community. The recommendation shall also verify that the writer knows of the applicant's criminal history.

SECTION IX – APPLICANT’S SWORN STATEMENT VERIFYING TRUTH OF INFORMATION IN APPLICATION AND AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____ (name of applicant), swear under penalty of law that my statements in the attached Application, and the documents appended thereto, are true and correct and complete. I understand that my statements in the Application and the attachments to my Application will be relied upon by the Commissioner of the New Jersey State Department of Banking and Insurance in the execution of his or her duties under the laws of the State of New Jersey and 18 U.S.C. § 1033, in making a decision on this Application. I understand that if I have made any false or misleading statement in this Application, or if there are any false or misleading statements included in the attachments to this Application, I may be criminally prosecuted under any state criminal or administrative remedies available and that any insurance license(s) that I currently hold, or for which I have applied, will be subject to suspension or revocation. I further understand that these false or misleading statements would also constitute a violation of 18 U.S.C. § 1033. For purposes of this Application, I do not contest the validity of any felony conviction upon which this request would be granted. By signing this Application, I acknowledge that the Department of Banking and Insurance of the State of New Jersey may conduct an independent investigation to confirm the information in this Application and I expressly consent and authorize any person, business or agency to release any information the Department of Banking and Insurance may request as part of the investigation, including but not limited to, records of my former employment, state and federal tax returns, business records, and banking records. I also expressly authorize the Department to release necessary data to federal, state and local agencies and other governmental bodies, the National Association of Insurance Commissioners, other organizations, insurers, etc. in order to verify the information in my application.

Signature of Applicant Date

STATE OF _____)
COUNTY OF _____)

Subscribed, sworn to, and acknowledged before me by _____ to be his/her free act and deed this ____ day of _____, 19____.

Notary Public, My Commission Expires

Provide a lifelong list of all charges and convictions for felony or misdemeanor crimes, including: circumstances leading to criminal charge(s), date(s) of charge(s); court(s); date(s) of disposition; convicted charge(s); sentence(s); date(s) of incarceration; date(s) of probation/parole; date(s) of release from probation/parole; restitution ordered; restitution paid; fines/costs ordered; fines/costs paid. Attach additional pages, if needed.

Circumstances Leading to Charge(s)	Criminal Charge(s) and Date of Charge	Court	Date(s) of Disposition	Convicted Charge(s)	Sentence(s)	Date(s) of Incarceration	Date(s) of Probation/Parole	Release Date(s) from Probation/Parole	Restitution Ordered/Paid	Fines/Costs Ordered/Paid

Wob17e#b

17E-19

Supp. 12-3-01