

User Manual

PreEnrollment for Fingerprint-based Criminal History Check

CCHRS Web Portal

Connecticut Criminal History Records Search



PREPARED BY
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Document Revisions

| Date | Version Number | Name of Person Revising/Changing | Document Changes |
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| 05/01/2021 | 1.001b | Tamra | Interface changes |
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Introduction

This document provides information for users of the CCHRS Web Portal who want to be pre-enrolled for a fingerprint-based background check.

The Connecticut Criminal History Records Search (CCHRS) provides the public, authorized agencies, and authorized users with access to fingerprint-based and name-based background checks.

Getting Started

Go to <https://ct.flexcheck.us.idemia.io/CCHRSPreEnroll>

Enter your two-part code into the Service Code boxes, then Click “Submit Service Code.” This code should have been provided to you by the entity or agency that is asking you to be fingerprinted.

You’ll see a confirmation screen.

CCHRS - PreEnrollment

Please confirm the below information is correct.

Information for Service Code

DAC0-15A5

Agency: Parent Agency Parent1111

Agency ID: Parent1111

Applicant Type: DCP State Gaming Employee

Does the above look correct?

NO - Let me try again YES - This information looks Correct

Click the “NO – Let me try again” button if you’ve made a mistake entering the code. Click the “YES – This information looks Correct” button if you’ve entered the correct code and want to continue.

Entering Your Information

You'll enter your contact information and some demographic information on this form, then click the Submit button to submit the information. All mandatory fields are blue and have bolded headings with an asterisk (*).

CCHRS - PreEnrollment

Pre Enrollment
DPP-4676
DANBURY POLICE DEPARTMENT
Contractor-Criminal Justice Administration

Last Name* [Text Field]
First Name* [Text Field]
Middle Name [Text Field]
Suffix [Dropdown]
DOB* [Text Field]
SSN [Text Field]
Sex* [Select Sex]
Race* [Select Race]
Hispanic Hispanic Indicator
Height (508: 5 foot 8)* [Text Field]
Weight* [Text Field]
Eye Color* [Select Eye Color]
Hair Color* [Select Hair Color]
Place of Birth [Select Country]
Country of Citizenship [Select Country]
Miscellaneous Identifying Number (MNU) [Text Field] Number [Text Field]
Select Code [Dropdown]
Email:
Email Address* [Text Field]
Email Confirmation* [Text Field]
Residence:
House Number [Text Field]
Street Name [Text Field]
Street Type [Text Field]
Street Directional [Text Field]
Apt Number [Text Field]
City [Text Field]
Country [Select Country]
Zip [Text Field]
Zip Extended [Text Field]
Employer:
Occupation [Text Field]
Employer Name [Text Field]
Employer Street Address [Text Field]
Employer City [Text Field]
Employer State [Select State]
Employer Zip [Text Field]
Aliases (Up to 10):
1. Last [Text Field] First [Text Field] Middle [Text Field] Suffix [Dropdown]
2. Last [Text Field] First [Text Field] Middle [Text Field] Suffix [Dropdown]
3. Last [Text Field] First [Text Field] Middle [Text Field] Suffix [Dropdown]
Scars, Marks, Tattoos (Up to 10):
Code Lookup
Code Description Location
1. Enter 3 or more characters and matching options will [Text Field] [Text Field] [Text Field]
2. Enter 3 or more characters and matching options will [Text Field] [Text Field] [Text Field]
3. Enter 3 or more characters and matching options will [Text Field] [Text Field] [Text Field]
4. Enter 3 or more characters and matching options will [Text Field] [Text Field] [Text Field]
5. Enter 3 or more characters and matching options will [Text Field] [Text Field] [Text Field]
6. Enter 3 or more characters and matching options will [Text Field] [Text Field] [Text Field]
7. Enter 3 or more characters and matching options will [Text Field] [Text Field] [Text Field]
8. Enter 3 or more characters and matching options will [Text Field] [Text Field] [Text Field]
9. Enter 3 or more characters and matching options will [Text Field] [Text Field] [Text Field]
10. Enter 3 or more characters and matching options will [Text Field] [Text Field] [Text Field]
Local Permit:
Permit From [Dropdown]
Permit Date [Text Field]
Originating Company:
Company Name [Text Field]
Address Street1 [Text Field]
Address Street2 [Text Field]
Address City [Text Field]
Address State [Select State]
Address Zip [Text Field]
Emergency Contact:
First Name [Text Field]
Middle Name [Text Field]
Last Name [Text Field]
Suffix [Dropdown]
Phone [Text Field]
Emergency Contact Address:
Address Street1 [Text Field]
Address Street2 [Text Field]
Address City [Text Field]
Address State [Select State]
Address Zip [Text Field]
Naturalization:
Location [Text Field]
Date [Text Field]
Previous Conviction:
Ever Convicted [Select Yes/No]
Conviction Date [Text Field]
Conviction Place [Select Place]
Conviction Court [Select Court]
Conviction Offense [Text Field]
Submit Pre-Enrollment

When you finish filling out all the mandatory fields and any optional areas, click the button in the bottom right of the screen.

Submit Pre-Enrollment

The following sections of this document will briefly describe areas of the form.

Name and Demographic Info

Enter your name and demographic information in the first few fields. Most of these fields are required.

| | |
|--|--|
| Last Name* | <input type="text" value="Last Name"/> |
| First Name* | <input type="text" value="First Name"/> |
| Middle Name | <input type="text" value="Middle Name"/> |
| Suffix | <input type="text" value="v"/> |
| DOB* | <input type="text" value="mm/dd/yyyy"/> |
| SSN | <input type="text" value="123-12-1234"/> |
| Sex* | <input type="text" value="Select Sex"/> |
| Race* | <input type="text" value="Select Race"/> |
| Hispanic | <input type="checkbox"/> Hispanic Indicator |
| Height (508: 5 foot 8)* | <input type="text" value="508"/> |
| Weight* | <input type="text" value="175"/> |
| Eye Color* | <input type="text" value="Select Eye Color"/> |
| Hair Color* | <input type="text" value="Select Hair Color"/> |
| Place of Birth | <input type="text" value="Select Country"/> |
| Country of Citizenship | <input type="text" value="Select Country"/> |
| Miscellaneous Identifying Number (MNU) | Number |
| <input type="text" value="Select Code"/> | <input type="text"/> |

Your place of birth and country of citizenship are optional fields; select your responses from the drop-down menus.

For Miscellaneous Identifying Number, pick a type of number from the drop down, then type the number in the Number field.

| | |
|---|----------------------|
| Miscellaneous Identifying Number (MNU) | Number |
| <ul style="list-style-type: none"> ✓ Select Code AF Air Force Serial Number AN Non-Immigration Admission Number AR Alien Registration Number AS National Guard or Air National Guard Serial Number, Army Serial Number BF Bureau Fugitive Index Number CG US Coast Guard Serial Number CI Canadian Social Insurance Number FN Fingerprint Identification Number IO Identification Order Number MC Marine Corps Serial Number MD Mariners Document or Identification Number MP Royal Canadian Mounted Police ID or Fingerprint Sec (FPS) Number NA National Agency Case Number-Military NS Navy Serial Number OA Originating Agency Police or Identification Number PI Personal Identification Number PP Passport Number PS Port Security Card Number SS Selective Service Number VA Veterans Administration Claim Number | <input type="text"/> |

Email

These two fields are mandatory.

| | |
|----------------------------|----------------|
| Email: | |
| Email Address* | email@site.com |
| Email Confirmation* | email@site.com |

Make sure you enter your email address correctly and then type it exactly the same in the Email Confirmation field, since this email will be used to send you information on your background check.

Residence and Employer Information

The fields in these two sections are optional.

| | |
|-------------------------|---------------------|
| Residence: | |
| House Number | 1234 |
| Street Name | Address Street Name |
| Street Type | Ave, Court, F |
| Street Directional | NW, SW, ... |
| Apt Number | A, 16, ... |
| City | Hartford |
| Country | Select Country ▼ |
| Zip | 06101 |
| Zip Extended | 1234 |
| Employer: | |
| Occupation | |
| Employer Name | |
| Employer Street Address | |
| Employer City | |
| Employer State | Select State ▼ |
| Employer Zip | |

Aliases

You can also optionally add any known aliases, such as your maiden name if your married name is different.

| Aliases (Up to 10): | | | | |
|---------------------|------|-------|--------|--------|
| | Last | First | Middle | Suffix |
| 1. | Last | First | Middle | ▼ |
| 2. | Last | First | Middle | ▼ |
| 3. | Last | First | Middle | ▼ |
| 4. | Last | First | Middle | ▼ |
| 5. | Last | First | Middle | ▼ |
| 6. | Last | First | Middle | ▼ |
| 7. | Last | First | Middle | ▼ |
| 8. | Last | First | Middle | ▼ |
| 9. | Last | First | Middle | ▼ |
| 10. | Last | First | Middle | ▼ |

Scars, Marks, and Tattoos

If you have any identifiable scars, marks, or tattoos you use this section to document them.

| Scars, Marks, Tattoos (Up to 10): | | | | |
|-----------------------------------|---|------|------------------------------------|---------------------------------|
| | Code Lookup | Code | Description (Alphas & spaces only) | Location (Alphas & spaces only) |
| 1. | Enter 3 or more characters and matching options will appear | Code | Description | Location |
| 2. | Enter 3 or more characters and matching options will appear | Code | Description | Location |
| 3. | Enter 3 or more characters and matching options will appear | Code | Description | Location |
| 4. | Enter 3 or more characters and matching options will appear | Code | Description | Location |
| 5. | Enter 3 or more characters and matching options will appear | Code | Description | Location |
| 6. | Enter 3 or more characters and matching options will appear | Code | Description | Location |
| 7. | Enter 3 or more characters and matching options will appear | Code | Description | Location |
| 8. | Enter 3 or more characters and matching options will appear | Code | Description | Location |
| 9. | Enter 3 or more characters and matching options will appear | Code | Description | Location |
| 10. | Enter 3 or more characters and matching options will appear | Code | Description | Location |

Click into the first field and begin typing a description of the item you are documenting, such as “tatt” for a tattoo. A popup will appear with suggestions. You can scroll through the suggested options to find the best match.

| MEDICAL: IMPLANTS (INCLUDING MICRODERMAL, SUBDERMAL, TRANSDERMAL, BRAILLE TATTOO, BODY MONITORING DEVICE) (IMPLANT) | | | |
|---|------|-------------|----------|
| TATTOOS: ABDOMEN (TAT ABDOM) | | | |
| TATTOOS: ANKLE, NONSPECIFIC (TAT ANKL) | | | |
| TATTOOS: ARM, NONSPECIFIC (TAT ARM) | | | |
| TATTOOS: BACK (TAT BACK) | | | |
| TATTOOS: BREAST, NONSPECIFIC (TAT BREAST) | | | |
| TATTOOS: BUTTOCKS, NONSPECIFIC (TAT BUTTK) | | | |
| TATTOOS: CALF, NONSPECIFIC (TAT CALF) | | | |
| TATTOOS: CHEEK, NONSPECIFIC (TAT CHEEK) | | | |
| TATTOOS: CHEST (TAT CHEST) | | | |
| tatt | Code | Description | Location |

Use the Description and Location fields to give more information on the item.

| Scars, Marks, Tattoos (Up to 10): | | | |
|---|-----------|------------------------------------|---------------------------------|
| Code Lookup | Code | Description (Alphas & spaces only) | Location (Alphas & spaces only) |
| 1. TATTOOS: BUTTOCKS, NONSPECIFIC (TAT BUTTK) | TAT BUTTK | Butterfly | Left |
| 2. SCARS: CALF, NONSPECIFIC (SC CALF) | SC CALF | 6" long | right outside calf below knee |

Local Permit

If you have received a local permit and know the number, you can use these options to enter that information.

Local Permit:

Permit From

Permit Date

Pick a county from the drop down, then type the permit date in the date field.

- ✓
- ABINGTON
- ADDISON
- ALLINGTOWN
- AMESVILLE
- AMSTON
- AMSTON LAKE
- ANDOVER
- ANDOVER CENTER
- ANDOVER LAKE
- ANSONIA
- ASHFORD
- ATTAWAUGAN
- AVON
- BAKERSVILLE
- BALLOUVILLE
- BALTIC
- BANKSVILLE
- BANTAM
- BARKHAMSTED
- BEACON FALLS
- BECKLEY
- BELLE HAVEN
- BELLTOWN
- BERLIN
- BETHANY
- BETHEL
- BETHLEHEM
- BLACK HALL

Originating Company

You can optionally add information on the company that originated the background check request.

| | |
|-----------------------------|---|
| Originating Company: | |
| Company Name | <input type="text"/> |
| Address Street1 | <input type="text"/> |
| Address Street2 | <input type="text"/> |
| Address City | <input type="text"/> |
| Address State | <input type="text" value="Select State"/> |
| Address Zip | <input type="text"/> |

Emergency Contact Information

If you want to add an emergency contact, use the following sections to include their name and address information.

| | |
|-----------------------------------|---|
| Emergency Contact: | |
| First Name | <input type="text"/> |
| Middle Name | <input type="text"/> |
| Last Name | <input type="text"/> |
| Suffix | <input type="text" value=""/> |
| Phone | <input type="text" value="xxx-xxx-xxxx"/> |
| Emergency Contact Address: | |
| Address Street1 | <input type="text"/> |
| Address Street2 | <input type="text"/> |
| Address City | <input type="text"/> |
| Address State | <input type="text" value="Select State"/> |
| Address Zip | <input type="text"/> |

Naturalization

If you are a naturalized citizen, you can use the following fields to enter that information. Type the location and the date it occurred.

| | |
|------------------------|---|
| Naturalization: | |
| Location | <input type="text"/> |
| Date | <input type="text" value="mm/dd/yyyy"/> |

Previous Conviction

If you've been convicted of a previous offense in the state of Connecticut, please enter information in this section.

Previous Conviction:

Ever Convicted

Conviction Date

Conviction Place


Conviction Court

Conviction Offense


Select Yes, No, or Unknown from the Ever Convicted drop down, then enter the conviction date. Select the county and court from the next two drop downs, and type the offense in the final field.

Submitting Your Information

When you click the Submit button you'll see the following confirmation screen.



CCHRS - PreEnrollment



[Print](#)

SUCCESS. Your Pre-Enrollment has been submitted.

You should receive an email with a document attached. You will need the information in this document at the time fingerprints are taken.

NOTE: Results (PDF Documents) may not be viewable on all devices. For best results, use a desktop or laptop.

Applicant Tracking Number: 21T000998

TESTOR, TESTY R
DOB: 12/25/2000

It is required to have the applicant tracking number (above) at the time of fingerprinting.
 Submission date/time: 04/28/2021 06:32

Start a new request || I am DONE, end this session

If your information was submitted successfully you'll see the word "SUCCESS" in red near the top of the screen.

Click the "Print" link on the top right of the screen to print off the page showing the tracking number. You'll need this number when you go to get your fingerprints.

If you need to enter an additional subject for PreEnrollment, click "Start a new request" at the bottom of the screen to go back to the screen where you enter the Service Code. If you're done entering subjects, click the "I am DONE, end this session" link.