Arraignment Disclosure Form
Berrien Regional Education Service Agency

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Name (Please Print)

_____

School Name (Please Print)

Berrien Regional Education Service Agency

_____

Position (Please Print)

_____

Date of Arraignment (Please Print)

Pursuant to Public Act 131 of 2005, I, hereby disclose that I was arraigned 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 pled 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.

_____ _____

Signature Date

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