



## MACOMB INTERMEDIATE SCHOOL DISTRICT ARRAIGNMENT DISCLOSURE FORM

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Position (Please Print)

\_\_\_\_\_  
School Name (Please Print)

\_\_\_\_\_  
School District (Please Print)

\_\_\_\_\_  
Date of Arraignment

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 is the subject of 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 to Human Resources: Fax (586) 286-4420 and Michigan Dept of Education (Stephanie Whiteside)

Fax: (517) 373-0542 within 3 days of arraignment or mail form to:

Dr. Flora Jenkins, Director  
Office of Professional Preparation Services  
P.O. Box 30008  
Lansing, MI 48909