MONROE COUNTY INTERMEDIATE SCHOOL DISTRICT



Human Resources Department and Legal Counsel 1101 S. Raisinville Road Monroe, Michigan 48161 734-322-2640; FAX 734-322-2660 https://www.monroeisd.us/

Charge/Arraignment Disclosure Form

A copy of this form must be provided to the Monroe County Intermediate School District and the Michigan Department of Education by the employee within three (3) business days of the charge and/or arraignment referenced below.

Name ______Date of Birth_____(Please print)

Address	(Please print)
School Name/District	(Please print)
Position	(Please print)
Date of Arraignment/Charge	(Please print)
Pursuant to Section 380.1230d, MCL 380.1230d, of the Revised School Code, I hereby disclose that I was arraigned on the aforementioned date for the criminal offense of	
In signing this form, I acknowledge that I understand that failure to disclose this information is a violation of Section 380.1230d, MCL 380.1230d, and can result in action being taken relative to my certification and/or employment and could result in an additional felony or misdemeanor charge against me.	
In signing this form, I acknowledge that I understand that should I be convicted of or plead or nolo contendre (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 the Monroe County Intermediate School District. 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 Monroe County Intermediate District delete the report from my records.	
Signature: Date:_	
Send form to: Director	
Michigan Department of Education	

Send form to: Director
Michigan Department of Education
Office of Educator Excellence
P.O. Box 30008
Lansing, MI 48909