

## Arraignment Disclosure Form

(School District or Non-Public School Name)

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Name (Please Print)

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School Name (Please Print)

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School District (Please Print)

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Position (Please Print)

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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 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.

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Signature

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Date