



# NICE Community Schools

300 Westwood Drive  
Ishpeming, MI 49849  
(906) 485-1021  
bryand@nice.k12.mi.us



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## Arraignment Disclosure Form

A copy of this form must be provided to the employing school district, Intermediate school district, public school academy, or non-public school and the Michigan Department of Education within three business days of arraignment.

**Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Address** \_\_\_\_\_

**School/District** \_\_\_\_\_

**Position** \_\_\_\_\_

**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 against 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 employing school/district delete the report from my records.

Date \_\_\_\_\_ Signature \_\_\_\_\_

**Send Form to:**

Leah C. Breen, Director  
Office of Professional Preparation Services  
P.O. Box 30008  
Lansing, MI 48909