

**Arraignment Disclosure Form  
Eau Claire Public Schools**

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Name (Please Print)

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School Name (Please Print)

**Eau Claire Public Schools**

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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 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.

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Signature

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Date

**Send Form to: Superintendent  
Eau Claire Public Schools  
6190 West Main Street  
Eau Claire, MI 49111**