

South Carolina Department of Social Services
CONSENT TO RELEASE INFORMATION

With my signature below, I consent for the South Carolina Department of Social Services to conduct a one-time search of the records indicated below to determine whether they contain information that I was the perpetrator of harm to a child and to release information found to the individual/organization named below.

I understand that the information provided may prove to be unfavorable to me. I agree to hold the South Carolina Department of Social Services and its staff harmless from liability associated with release of information requested on this form. If it appears to me that the information has not been updated or is otherwise inaccurate, I agree to notify the Department immediately.

SECTION I. Purpose for Request

A. I am requesting a search of the Central Registry of Child Abuse and Neglect and the Department's database of records of Child Abuse and Neglect cases in connection with:

- ☐ becoming or remaining a foster parent or potential adoptive parent; or
- ☐ becoming or remaining an employee of or a member of the state or a local foster care review board; or
- ☐ becoming an employee or volunteer for the South Carolina Guardian ad Litem Program or Richland County CASA.

B. ☐ I am requesting a search ONLY of the Central Registry of Child Abuse and Neglect for a purpose of _____.

SECTION II. Mail Results To:

ATTN: _____
TEL. NO: _____

SECTION III. Central Registry Check Fees: Please ☒ appropriate box and include payment. Check or Money Order (NO CASH).

- | | |
|--|--|
| <input type="checkbox"/> Non-Profit Entities.....\$8.00 | <input type="checkbox"/> Name Changes.....\$8.00 |
| <input type="checkbox"/> For-Profit Entities.....\$25.00 | <input type="checkbox"/> Other (Individuals, etc.).....\$8.00 |
| <input type="checkbox"/> State Agencies.....\$8.00 | <input type="checkbox"/> Private Adoption Investigations.....\$25.00 |
| <input type="checkbox"/> Schools.....\$8.00 | |

SECTION IV. Please print legibly or type the following: First, Middle and Last Name (NO INITIALS)

Name: DALLAS SHEALY DOB: 02/06/58 Sex: F Race: W
Maiden/Aliases: TOLLIFF Name Change: _____
Place of Birth: Brevard NC SSN: (See instructions) 418-98-3907
Current Address: 2012 Walton Way Previous Address: (See instructions) _____
Newberry SC 29108

SECTION V. Your signature MUST be witnessed or notarized. Please mail appropriate payment and form for processing to: South Carolina Dept. of Social Services, ATTN: Cashier, 1535 Confederate Avenue, P.O. Box 1520, Columbia, SC 29202-1520.

<u>Dallas Shealy</u> Signature of Applicant	<u>02/11/2015</u> Date
<u>Jerry D. Shealy</u> Signature of Notary or Witness	<u>02/11/2015</u> Date

SECTION VI. RESULTS: THIS SECTION IS TO BE COMPLETED ONLY BY AUTHORIZED DSS EMPLOYEES OF THE DEPARTMENT.

- ☐ The name is not included as a perpetrator on the Central Registry of Child Abuse and Neglect.
- ☐ The request has been received. Additional research will be required to respond to the request. Thirty to sixty days may be required. Please call _____ if you have any questions.
- ☐ The name is included as a perpetrator on the Central Registry of Child Abuse and Neglect.
- ☐ The name is included as a perpetrator in the Department's database of records of child abuse and neglect cases. See attached correspondence.

Authorized DSS Employee

Date



Office of the Governor
State of South Carolina

Application for Boards, Commissions, and Committees

Your nomination **will not** be complete until this application is filed. Please return the application to:
Office of the Governor, Attn: Katie Philpott, 1205 Pendleton Street, Columbia, South Carolina 29201.

1] Your Name:

Dr./Mr./Mrs./Ms SHEALY DALLAS J
Last First Middle

2] Name of Board, Commission, or Committee you are being considered for:

Foster Care Review Board 8A

3] Your Current Address, City, Zip Code and County:

Your Congressional District: 5th
840

2012 Walton Way
Newberry SC 29108

4] Home Telephone: 803 276 7745 5] Office Telephone: 803 532 3183 6] Fax: 803 532 8188

7] Mobile Telephone: 803 622 2302 8] Email Address: Dallas@SCLRC.COM

9] Drivers License # 3114031 10] Social Security #: 418-98-3907

11] Voter Registration # 361465017 12] Date of Birth: 02/06/1958

13] Race: W 14] Sex: Male ☐ Female ☒

15] Level of Educational Background Completed:

Some High School _____
High School graduate or equivalence (G.E.D.) _____
Some College _____
College graduate ☒
Professional degree (please specify) Master's Arts in Religion

16] Present Employer SC Lutheran Retreat Centers

Address 6053 Two Notch Rd - Batesburg-Leesville, SC

Current Position Executive Director 29070

17] Years of residence in South Carolina: 35

18] Have you ever been arrested for a crime other than a minor traffic violation? no If so, give details.*

19] Have you filed state and federal income tax returns for the past five years? yes If not, give details.*

20] Are you or any company in which you have a controlling interest delinquent in any local, state or federal taxes? no If so, give details.*

21] Have you ever defaulted on any state or federal student loan? no If so, give details.*

22] Have you been treated for any alcohol, drug addiction, or substance abuse for the preceding five years? no
If so, give details.*

23] Have you been party (plaintiff or defendant) in any state or federal litigation for the preceding five years? no
If so, give details.*

24] Have you ever served in the military? no
Were you honorably discharged? _____ If not, give details.*

25] Have you ever been terminated from employment for cause? no If so, give details.*

26] Have you or any employer in the preceding ten years been investigated, reprimanded, fined, or suspended for doing business with any state or federal agency? no If so, give details.*

27] Have you ever been disciplined or fined by the State Ethics Commission? no If so, give details.*

28] Have you ever been disciplined or fined by any professional or regulatory agency? no If so, give details.*

29] Do you serve on any local or state board, commission, committee, or elected office? yes If so, list.*

Foster Care Review Board 8A

30] Are you a registered lobbyist in the State of South Carolina? no

31] Do you or any member of your immediate family receive any income, compensation or benefits from state and local agencies in South Carolina? yes If so, give details.*

Husband - Retired from SED

32] Do you or any member of your immediate family have any interest in any business that has, is, or will do business with the State of South Carolina or the entity for which you are applying? no If so, give details.*

33] Are you or any member of your immediate family associated with any business regulated by the entity to which you are applying? no If yes, give details.*

34] Have you or any member of your immediate family sold, leased, or rented personal property to any state or local public agency in South Carolina? no If so, please identify *:

- a) the type of property,
- b) the name of the agency(s) involved,
- c) the value of the transaction(s).

35] Do you or any member of your immediate family owe a debt in excess of \$500 to any creditor regulated by the entity to which you are applying? no If so, give details.* (Do not disclose debt promised or loaned by a bank, savings and loan or other licensed financial institution.)

36] Do you or any member of your immediate family owe a debt in excess of \$500 to any creditor seeking a business relationship with the entity for which you are applying? no If so, give details.* (Do not disclose debt promised or loaned by a bank, savings and loan or other licensed financial institution.)

37] Do you or any member of your immediate family receive compensation from any individual or business that contracts with the entity for which you are applying? no If yes, please identify *:

- a) the individual or business,
- b) the amount of compensation paid to you,
- c) the nature and amount of the contract,
- d) the governmental entity involved.

38] I, Dallas J Shealy, agree that, if I am appointed to the Foster Care Review Board, I will attend all stated or called meetings of this entity. If I am absent from three consecutive meetings, or if I am absent from half of the meetings within a six-month period, then I will resign my appointment. However, if the Chairperson excuses my absence prior to the meeting, in recognition of circumstances beyond my control (illness, family emergency, etc.), then I am entitled to retain my position.

*Use extra sheet if necessary.

CERTIFICATION OF APPLICANT

Personally appeared before me, the applicant, who being duly sworn, disposed, and says that all his/her statements are true, accurate and complete; and that he/she knows and agrees that any misrepresentation or omission of the facts may result in his/her being disqualified or being discharged should he/she already be appointed by the Governor. He/she authorizes the State Law Enforcement Division to conduct a background investigation including, but not limited to, a criminal history, driving record and credit check. He/she also authorizes the Governor's Office to provide the nominating authorities with copies of this application, the criminal history and credit report and any other information gathered in processing this appointment.

Dallas J Shealy
Applicant's Signature

Sworn and subscribed before me this 11th day of February, Two Thousand and 15.

Jerry D. Shealy
Notary Public for South Carolina

My commission expires March 31, 2015