

# Electronic AOC Check Registration and Request Process

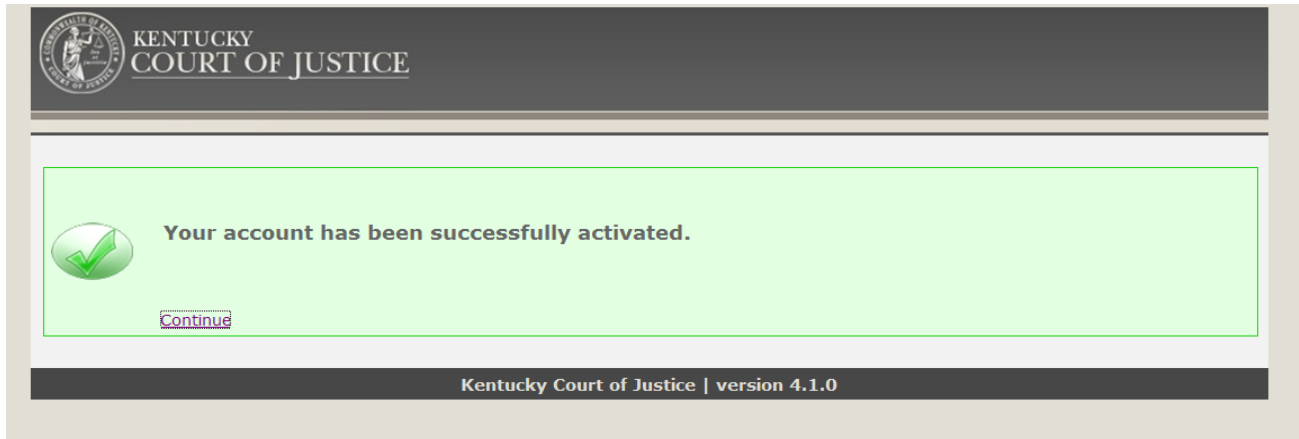
1. To register for the first time with the electronic AOC registry, go to <http://kcoj.kycourts.net/PublicMenu/Register.aspx> and complete the fields listed below.
2. When finished, click the "Register" button at the bottom of the page.

The screenshot shows the registration page for the Kentucky Court of Justice. At the top left is the court's logo and name. The main heading is "AOC Fast Check/Public Menu Registration". The form includes fields for Email Address, Confirm Email, Password, Confirm Password, First Name, Middle (optional), Last Name, Agency/Company (optional), Address 1, Address 2 (optional), City, State (dropdown), ZIP, and Telephone. Three informational boxes on the right provide instructions: the first states the email is used for login; the second specifies password requirements (6-20 characters, mixed case and numeric); the third notes that individual requesters should leave the Agency/Company field blank. A disclaimer box contains text about information accuracy and a checkbox for "I agree to the provided terms of use". A note at the bottom suggests adding noreply@kycourts.net to the address book. At the bottom right are "Register" and "Cancel" buttons.

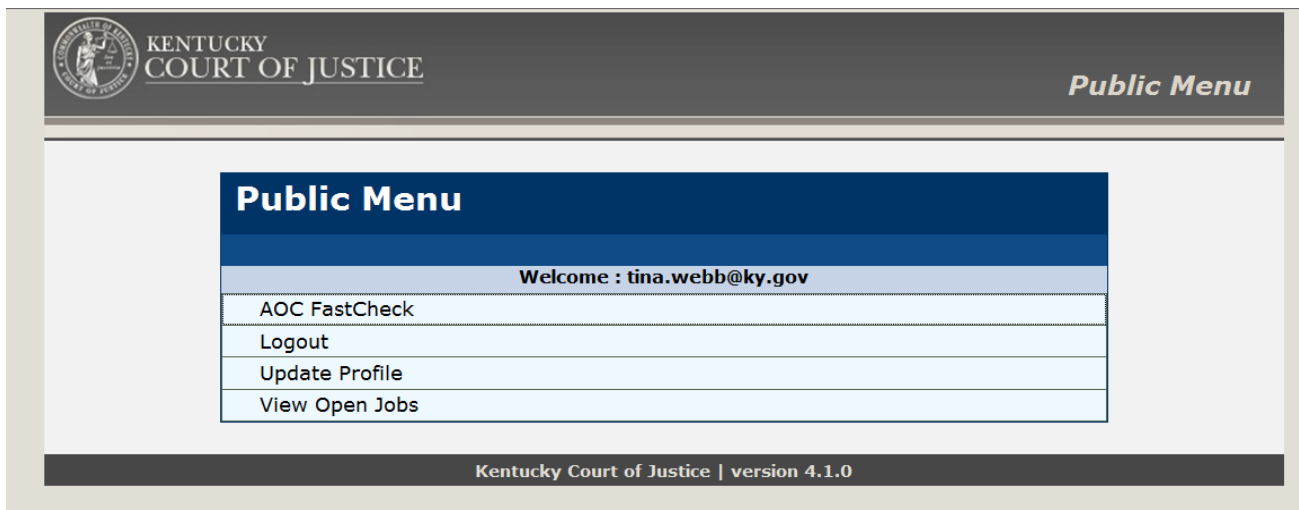
3. You will receive the following message. Click the "Continue" button at the bottom of the box.

The screenshot shows a confirmation message box with a green background. It features a green checkmark icon on the left. The text reads: "Your registration has been received. You will receive a verification email to the email address used in the registration process. Allow up to 24-hours for delivery of the verification email." At the bottom left is a "Continue" link. The footer of the page reads "Kentucky Court of Justice | version 4.1.0".

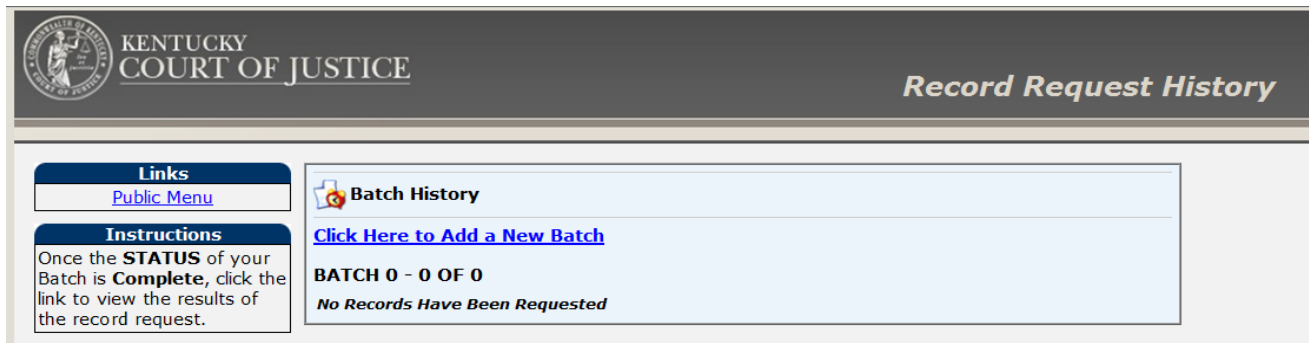
- Shortly after, you will receive an e-mail sent to the address you entered into the AOC Fast Check/Public Menu Registration page.
- The e-mail you receive will have a link embedded in it. You must click on that link in order to activate your account. After you click the link, you will receive the following message.



- Click "Continue" and you will be taken to the following page.



- Click the "AOC FastCheck" link above.



8. After clicking on the fast check link, you will be routed to the page above. Click on "Click Here to Add a New Batch" to continue on to the area where you will enter the type of AOC check needed.
9. Once on the "Request Type Information" page, choose the "Category" and "Group" selection, from the drop down boxes, that meet the needs of the AOC check request.
  - a. CHFS – Imminent Risk Investigation should appear like this:

**Enter Your Information**

**Instructions**  
Please verify the information on the screen. This information will be used as our delivery mechanism. Any incorrect information could delay your request.

**Licensing Request**  
For proper delivery to licensing agencies select **Licensing** in Category field and the agency receiving results in the Group field.

Fields marked with \* are required fields.  
Fields marked with \*\*

**REQUEST TYPE INFORMATION**

Category  
CHFS - Imminent Risk Investigation

Group  
CHFS - I.R.I.

Reason  
Criminal Investigation

*To pay with a Prepaid Account you MUST select an account from the Account List. If you do not want to pay with an account, select 'Select an Account...'*

Prepaid Account List  
No Prepaid Accounts

Amount Per Request: \$0.00  
Account Balance: \$0.00

- b. CHFS – Non-Imminent Risk Investigation should appear like this:

**Enter Your Information**

**Instructions**  
Please verify the information on the screen. This information will be used as our delivery mechanism. Any incorrect information could delay your request.

**Licensing Request**  
For proper delivery to licensing agencies select **Licensing** in Category field and the agency receiving results in the Group field.

Fields marked with \* are required fields.  
Fields marked with \*\*

**REQUEST TYPE INFORMATION**

Category  
CHFS - Non-Imminent Risk Investigation

Group  
CHFS - N.I.R.I.

Reason  
Criminal Investigation

*To pay with a Prepaid Account you MUST select an account from the Account List. If you do not want to pay with an account, select 'Select an Account...'*

Prepaid Account List  
No Prepaid Accounts

Amount Per Request: \$0.00  
Account Balance: \$0.00

- c. CHFS – Foster Care/Adoption Application should appear like this:

**Enter Your Information**

**Instructions**  
Please verify the information on the screen. This information will be used as our delivery mechanism. Any incorrect information could delay your request.

**Licensing Request**  
For proper delivery to licensing agencies select **Licensing** in Category field and the agency receiving results in the Group field.

Fields marked with \* are required fields.

**REQUEST TYPE INFORMATION**

Category  
CHFS - Foster Care/Adoption Application

Group  
CHFS - F.C./A.A.

Reason  
Criminal Investigation

*To pay with a Prepaid Account you MUST select an account from the Account List. If you do not want to pay with an account, select 'Select an Account...'*

Prepaid Account List  
No Prepaid Accounts

Amount Per Request: \$0.00  
Account Balance: \$0.00

d. CHFS – Foster Care/Adoption Certification should appear like this:

Enter Your Information	
<b>Instructions</b> Please verify the information on the screen. This information will be used as our delivery mechanism. Any incorrect information could delay your request.	<b>REQUEST TYPE INFORMATION</b> Category CHFS - Foster Care/Adoption Certification Group CHFS - F.C./A.C. Reason Criminal Investigation <i>To pay with a Prepaid Account you MUST select an account from the Account List. If you do not want to pay with an account, select 'Select an Account...'</i> Prepaid Account List No Prepaid Accounts Amount Per Request: \$0.00 Account Balance: \$0.00
<b>Licensing Request</b> For proper delivery to licensing agencies select <b>Licensing</b> in Category field and the agency receiving results in the Group field.	
Fields marked with * are required fields.	

e. CHFS – Annual Recertification/Ongoing Case Work should appear like this:

Enter Your Information	
<b>Instructions</b> Please verify the information on the screen. This information will be used as our delivery mechanism. Any incorrect information could delay your request.	<b>REQUEST TYPE INFORMATION</b> Category CHFS - Annual Recertification/Ongoing Case Work Group CHFS - A.R./O.C.W. Reason Criminal Investigation <i>To pay with a Prepaid Account you MUST select an account from the Account List. If you do not want to pay with an account, select 'Select an Account...'</i> Prepaid Account List No Prepaid Accounts Amount Per Request: \$0.00 Account Balance: \$0.00
<b>Licensing Request</b> For proper delivery to licensing agencies select <b>Licensing</b> in Category field and the agency receiving results in the Group field.	
Fields marked with * are required fields.	