

CRIMINAL HISTORY RECORD/SEX OFFENDER AND CRIMES AGAINST MINORS REGISTRY SEARCH FORM

Mail Request To: Virginia State Police
 CCRE – Attention: New Form
 P.O. Box 85076
 Richmond, Virginia 23261-5076

PURPOSE OF THIS REQUEST (Check only one):

- | | |
|---|--|
| <input type="checkbox"/> CHILD DAY CARE | <input type="checkbox"/> COUNTY/CITY PUBLIC SCHOOLS |
| <input type="checkbox"/> DOMESTIC ADOPTION | <input type="checkbox"/> INTERNATIONAL ADOPTION COUNTRY: _____ |
| <input type="checkbox"/> ADULT DAY CARE OR ADULT CARE RESIDENCE | <input type="checkbox"/> FOSTER CARE |
| <input type="checkbox"/> NURSING HOME OR HOME HEALTH | <input type="checkbox"/> EMPLOYMENT |
| | <input type="checkbox"/> OTHER (Please Specify) _____ |

NAME TO BE SEARCHED:

LAST NAME FIRST NAME MIDDLE NAME MAIDEN NAME

<u>RACE</u>	<u>SEX</u>	<u>DATE OF BIRTH</u> / / (MM/DD/YYYY)	<u>SOCIAL SECURITY NUMBER</u>
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I certify I am entitled by law to receive the requested record and that the record provided shall be used only for the screening of the current or prospective employees. I understand that further dissemination of Criminal History Records or their use for purposes not authorized by law is prohibited and constitutes a violation punishable as a class 1 or class 2 misdemeanor. If I am an employer or prospective employer, I have obtained the written consent on whom the data is being obtained, and have personally been presented the same person's valid photo-identification.

Date of Request: ____ / ____ / ____ (MM/DD/YYYY)

Signature of Person Making Request: _____ Printed Name: _____

NAME AND MAILING ADDRESS OF AGENCY, INDIVIDUAL OR AUTHORIZED AGENT MAKING REQUEST:

Mail Reply To:

<u>NAME</u>	
<u>ATTENTION</u>	
<u>ADDRESS</u>	
<u>CITY</u> <u>STATE</u> <u>ZIP CODE</u>	

FEES FOR SERVICE:

- | | |
|---|---|
| FEES: | * FEES For Volunteers with Non-Profit Organizations: |
| <input type="checkbox"/> \$15.00 CRIMINAL HISTORY SEARCH | <input type="checkbox"/> \$8.00 CRIMINAL HISTORY SEARCH |
| <input type="checkbox"/> \$20.00 COMBINATION CRIMINAL HISTORY & SEX OFFENDER SEARCH | <input type="checkbox"/> \$16.00 COMBINATION CRIMINAL HISTORY & SEX OFFENDER SEARCH |

* To be entitled to reduced price, services must be on volunteer basis for a non-profit organization with a tax exempt number. Attach documentation to form which supports volunteering status and include organization's name, address, and your tax exempt identification number.

METHOD OF PAYMENT: (Note: Personal Checks Not Accepted)

- CHARGE CARD:** MasterCard  OR Visa  Certified Check or Money Order (attached, payable to Virginia State Police)
- Account Number: ____ - ____ - ____ Virginia State Police Charge Account Number: _____
- Expiration Date: ____ / ____
- Signature of Cardholder: _____

FOR STATE POLICE USE ONLY – DO NOT WRITE BELOW THIS LINE

Response based on comparison of name information submitted in request against a master name index maintained in the Central Criminal Records Exchange only.

- | | | |
|---|--|--|
| <input type="checkbox"/> No Conviction Data – Does Not Preclude the Existence of an Arrest Record | <input type="checkbox"/> No Criminal Record – Fingerprint Search | Purpose code: <input type="checkbox"/> C
<input type="checkbox"/> N
<input type="checkbox"/> O |
| <input type="checkbox"/> No Criminal Record – Name Search Only | <input type="checkbox"/> Criminal Record Attached | |
| <input type="checkbox"/> No Sex Offender Registration Record | | |

Date _____ By CCRE/ _____

Instructions for completing the Criminal History Record/Sex Offender and Crimes Against Minors Registry Request Form
(Please read the following General Instructions)

PURPOSE OF THIS REQUEST:	Check type of name search(es) requested for Criminal History Search. Dissemination of criminal history records are processed in accordance with Section 19.2-389, <u>Code of Virginia</u> , governing the program for which the search is requested.
NAME TO BE SEARCHED:	Type the full name (last, first middle [no initials] and maiden name (if applicable), sex, race, date of birth, and completed address of person whose name is to be searched against the master criminal name file and/or the Sex Offender and Crimes Against Minors Registry. Note: Signature of person making request is required. Providing the social security number is voluntary; however, it is a screening tool that is used for this request to be processed in a more timely manner. Failure to provide this number may result in an inability to process this request due to multiple records with similar names and demographics. Without this additional identifier, the form may be returned to the requestor unprocessed, and the applicant will be required to submit a set of fingerprints along with this request form to determine if this applicant has a criminal record. Numbers provided will be used to help identify the proper record and will be used for no other purpose.
NAME AND MAILING ADDRESS OF AGENCY, INDIVIDUAL OR AUTHORIZED AGENT MAKING REQUEST:	Agency, Individual or Authorized Agent Making Request: Your agency identification serves as the mailing label for the State Police to return the search results. This information is also reviewed to ensure requestor is statutorily entitled to use this form to request a criminal name search.
FEES FOR SERVICE:	Indicate the fee for the service requested.
METHOD OF PAYMENT:	Method of Payment: Certified Check, Money Order, Company/Business check, MasterCard or Visa. For charge account: record charge account number issued by State Police.

Effective November 1, 2010, the public is hereby placed upon notice that returned checks or dishonored money orders and/or credit card payment denials will incur a handling fee of \$50 in addition to the amount of the original payment. Requesting goods or services will be deemed to be acceptance of these terms. Code of Virginia §2.2-4805.

Mailing Instructions:

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