

Search Fee \$10.00

Purpose of Search, Check one: Adam Walsh Law Adoptive Parent Babysitter/Family Day Care
 CASA Children’s Residential Facility Custody Evaluation Day Care Center Foster Parent
 Institutional Employee Other Employment School Personnel Volunteer Other

MAIL SEARCH RESULTS TO: Agency, Individual or Authorized Agent Requesting Search

| | |
|---|---|
| Name Consumer Direct Care Network Virginia, LLC | Payment/FIPS Code (Use only if assigned by OBI-CRU) |
| Address 6802 Paragon Place, Suite 430 | |
| City Richmond State VA Zip 23230 | |
| Contact Name CDCN Representative Tel.# 888-444-8182 Ext | |
| Contact E-Mail InfoCDVA@ConsumerDirectCare.com | |
| Mandatory if agency code has been assigned | |

PART I: DETAILS OF INDIVIDUAL WHOSE NAME MUST BE SEARCHED

| | | | | |
|--|--|---|------|--|
| Last Name | First Name | Full Middle Name – (given at birth) - No initials (if middle name is an initial, indicate "Initial Only") | | |
| Maiden Name (last name before marriage) | Sex <input type="checkbox"/> Male <input type="checkbox"/> Female | Date of Birth (MM/DD/YYYY) | Race | |
| Driver’s License Number or ID # | Social Security Number | Other names used; nicknames, legal names (refer to instruction page) | | |
| Current Address (Include Street # and Apt #) | City | State | Zip | |

Applicant’s Prior Addresses

| Include Street # and Apt # | City | State | Zip | Start Date (MM/YY) | End Date (MM/YY) |
|----------------------------|------|-------|-----|--------------------|------------------|
| | | | | | |
| | | | | | |
| | | | | | |

Marital Status Single Married Divorced Widowed Partner

If married, list current spouse. If previously married, list all previous spouses. If you have never been married, write 'N/A'.

| Last Name | First Name | Full Middle Name (given at birth) | Maiden Name | Race | Sex | Date of Birth (MM/DD/YYYY) |
|-----------|------------|-----------------------------------|-------------|------|---|----------------------------|
| | | | | | <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| | | | | | <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| | | | | | <input type="checkbox"/> Male <input type="checkbox"/> Female | |

List all of your children. If you have none, write 'N/A'. Include all adult children, step and foster children not living with you.

| Last Name | First Name | Full Middle Name (given at birth) | Relationship | Sex | Date of Birth (MM/DD/YYYY) |
|-----------|------------|-----------------------------------|--------------|---|----------------------------|
| | | | | <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| | | | | <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| | | | | <input type="checkbox"/> Male <input type="checkbox"/> Female | |



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PART II: CERTIFICATION AND CONSENT FOR RELEASE OF INFORMATION

I hereby certify that the information contained on this form is true, correct and complete to the best of my knowledge. Pursuant to Section 2.2-3806 of the *Code of Virginia*, I authorize the release of personal information regarding me which has been maintained by either the Virginia Department of Social Services or any local department of social services which is related to any disposition of founded child abuse/neglect in which I am identified as responsible for such abuse/neglect. I have provided proof of my identity to the Notary Public prior to signing this in his/her presence.

Signature of person whose name is being searched
(Sign in presence of Notary)

Parent or Guardian signature required for minor
children under the age of 18

PART III: CERTIFICATE OF ACKNOWLEDGEMENT OF INDIVIDUAL

City/County of _____
Commonwealth/State of _____
Acknowledged before me this ____ day of _____, year _____

Notary Public Signature

Notary Number

My Commission Expires: _____

Notary Seal

PART IV: CENTRAL REGISTRY FINDINGS – COMPLETED BY CENTRAL REGISTRY STAFF ONLY

1. We are unable to determine at this time if the individual for whom a search has been requested is listed in the Central Registry. Please answer the following questions and return to the Central Registry Unit in order for us to make a determination:

Worker: _____ Date: _____

2. ____ Based on information provided by the Local Department of Social Services, we have determined that _____ is listed in the Child Abuse/Neglect Central Registry with a founded disposition of child abuse/neglect. For more detailed information, contact the

_____ Dept. of Social Services in reference to referral _____ phone# _____

_____ Dept. of Social Services in reference to referral _____ phone# _____

3. ____ As of this date, based on the information provided, the individual whose name was being searched is **NOT** identified in the Central Registry of Child Abuse/Neglect.

Signature of worker completing search: _____ Date: _____

OBI Staff Only