

## CRIMINAL HISTORY RECORD NAME SEARCH REQUEST

**PURPOSE OF THIS REQUEST (Check only one):**

DOMESTIC ADOPTION                       INTERNATIONAL ADOPTION \_\_\_\_\_  
COUNTRY

VISA (INTERNATIONAL TRAVEL)             OTHER (please specify) Employment Screening

**NAME INFORMATION TO BE SEARCHED:**

|                  |                   |                    |                    |
|------------------|-------------------|--------------------|--------------------|
| <u>LAST NAME</u> | <u>FIRST NAME</u> | <u>MIDDLE NAME</u> | <u>MAIDEN NAME</u> |
|------------------|-------------------|--------------------|--------------------|

|             |            |  |                               |
|-------------|------------|--|-------------------------------|
| <u>RACE</u> | <u>SEX</u> | <u>DATE OF BIRTH</u><br>/ / (MM/DD/YYYY) | <u>SOCIAL SECURITY NUMBER</u> |
|-------------|------------|--|-------------------------------|

**AFFIDAVIT FOR RELEASE OF INFORMATION:**

I hereby give consent and authorize the Virginia State Police to search the files of the Central Criminal Records Exchange for a criminal history record and report the results of such search to the agent or individual authorized in this document to receive same.

\_\_\_\_\_  
Signature

State of \_\_\_\_\_  County  City of \_\_\_\_\_; to wit: Subscribed and sworn to before me on: \_\_\_\_\_  
(MM/DD/YYYY)

\_\_\_\_\_  
Signature of Notary Public                      My commission expires: \_\_\_\_\_ My registration # is: \_\_\_\_\_

**SIGNATURE OF PERSON MAKING REQUEST:**

As provided in Section 19.2-389, Code of Virginia, I hereby request the criminal history record of the individual named above and swear or affirm I have the consent of the individual to obtain their record and will not further disseminate the information received, except as provided by law.

\_\_\_\_\_  
Signature of Individual Making Request

State of \_\_\_\_\_  County  City of \_\_\_\_\_; to wit: Subscribed and sworn to before me on: \_\_\_\_\_  
(MM/DD/YYYY)

\_\_\_\_\_  
Signature of Notary Public                      My commission expires: \_\_\_\_\_ My registration # is: \_\_\_\_\_

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

Mail Reply To:

|   |   |
|---|---|
| <u>NAME</u><br>Consumer Direct Care Network Virginia, LLC       |   |
| <u>ATTENTION</u><br>Virginia Consumer-Directed Services Program |   |
| <u>ADDRESS</u><br>6802 Paragon Place, Suite 430                 |   |
| <u>CITY</u><br>Richmond   | <u>STATE</u> <u>ZIP CODE</u><br>VA        23230 |

**FEE FOR SERVICE**

\$5.00 CRIMINAL HISTORY SEARCH                      \* FEES For Volunteers with Non-Profit Organizations:  
 \$0.00 COMBINATION CRIMINAL HISTORY & SEX OFFENDER SEARCH     \$8.00 CRIMINAL HISTORY SEARCH  
 \$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 volunteer status and include organization's name, address, and the tax exempt identification number.

|  |  |
|--|--|
| <p><b>METHOD OF PAYMENT: (Note: Personal Checks <u>Not</u> Accepted)</b></p> <p><input type="checkbox"/> Business or Certified check or Money order (payable to Virginia State Police)</p> <p><b>CHARGE CARD:</b> <input type="checkbox"/> MasterCard  OR <input type="checkbox"/> Visa </p> <p>Account Number: _____ Expiration: ____/____</p> <p>Signature of Cardholder: _____</p> <p><input type="checkbox"/> Virginia State Police Charge Account Number: _____</p> | <p><b>Mail Request To:</b></p> <p>Virginia State Police<br/>Central Criminal Records Exchange – NF<br/>P. O. Box 85076<br/>Richmond, Virginia 23261-5076</p> <p>ATTN: NEW FORM</p> |
|--|--|

**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<br><input type="checkbox"/> No Criminal Record – Name Search Only <input type="checkbox"/> No Criminal Record – Fingerprint Search<br><input type="checkbox"/> No Sex Offender Registration Record <input type="checkbox"/> Criminal Record Attached | Purpose code: <input type="checkbox"/> C<br><input type="checkbox"/> N<br><input type="checkbox"/> O |
| Date: _____ By CCRE/ _____   |  |

## CRIMINAL HISTORY RECORD NAME SEARCH REQUEST

### INSTRUCTIONS FOR COMPLETING THE CRIMINAL HISTORY REQUEST FORM

Pay By: Certified Check/Money Order or Business check made payable to "Virginia State Police"  
OR we accept VISA and MasterCard  
Personal Checks Not Accepted

**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.**

Discard these Instructions Prior to Submitting to State Police

Refer to Page 2 of these Form Instructions for Pricing Structure and Types of Name Searches Available

If you are interested in obtaining a name search of the "Sex Offender and Crimes Against Minors Registry," refer to the instructions on page 2 of this form.

The Form Must be **TYPED OR NEATLY HAND-PRINTED.**  
Complete the Criminal History Record Request by following these instructions:

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- PURPOSE OF THIS REQUEST:** Primary reason for request.
- NAME INFORMATION TO BE SEARCHED:** Name, race, sex, date of birth, and social security number on whom the criminal record name search is to be conducted. 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. Social Security Numbers provided will be used to help identify the proper record and will be used for no other purpose.
- AFFIDAVIT FOR RELEASE OF INFORMATION:** Individual's signature on which the search is to be conducted. The signature indicating consent must be notarized for the search to be conducted and mailed to the individual or authorized agent (if applicable).
- SIGNATURE OF PERSON MAKING REQUEST:** Affidavit must be signed by authorized agent and notarized to receive the search results.
- NAME AND MAILING ADDRESS OF AGENCY, INDIVIDUAL OR AGENT MAKING REQUEST:** Name and complete mailing address of the individual, agency or authorized agent to receive processed criminal record search must be completed.
- FEES FOR SERVICE:** Indicate fee that is submitted, based upon type of request. Fees for volunteer of non-profit organizations must be accompanied with their tax exempt number.
- METHOD OF PAYMENT:** Indicate method of payment

Mail the Completed SP-167 "Criminal History Record Request" to:

Virginia State Police  
Central Criminal Records Exchange – NF  
P.O. Box 85076  
Richmond, Virginia 23261-5076