

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

_____ My commission expires: _____ My registration # is: _____
Signature of Notary Public

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)

_____ My commission expires: _____ My registration # is: _____
Signature of Notary Public

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

Mail Reply To:

<u>NAME</u> Consumer Direct Care Network Virginia, LLC	
<u>ATTENTION</u> Virginia Consumer-Directed Services Program	
<u>ADDRESS</u> 300 Arboretum Place, Suite 410	
<u>CITY</u> <u>STATE</u> <u>ZIP CODE</u> Richmond VA 26236	

FEES FOR SERVICE:

<input checked="" type="checkbox"/> \$15.00 CRIMINAL HISTORY SEARCH	* FEES For Volunteers with Non-Profit Organizations:
<input type="checkbox"/> \$20.00 COMBINATION CRIMINAL HISTORY & SEX OFFENDER SEARCH	<input type="checkbox"/> \$8.00 CRIMINAL HISTORY 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 volunteer status and include organization's name, address, and the tax exempt identification number.

<p>METHOD OF PAYMENT: (Note: Personal Checks <u>Not</u> Accepted)</p> <p><input type="checkbox"/> Business or Certified check or Money order (payable to Virginia State Police)</p> <p>CHARGE CARD: <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>Mail Request To:</p> <p style="text-align: center;">Virginia State Police Central Criminal Records Exchange – NF P. O. Box 85076 Richmond, Virginia 23261-5076</p> <p style="text-align: center;">ATTN: NEW FORM</p>
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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.

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