

XXI PK'CRIMINAL HISTORY RECORD NAME SEARCH REQUEST

PURPOSE OF THIS REQUEST (Check only one):

DOMESTIC ADOPTION INTERNATIONAL ADOPTION _____
COUNTRY

VISA (INTERNATIONAL TRAVEL) OTHER (please specify) _____

NAME QHHPFKH WCN TO BE SEARCHED: *P qvct k gf 'Ui pcwt g'Tgs vlt gf 'lp'Ugevkp '3'Dgny +

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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Ugevkp '3-<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

Ugevkp '4-<SIGNATURE OF PERSON MAKING REQUEST: *Ci gpe('qt 'lpf klf wciP qvct k gf 'Ui pcwt g'Tgs vlt gf)

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 Ci gpe(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

PCO G'CPF 'MAILING ADDRESS OF AGENCY, INDIVIDUAL OR AUTHORIZED AGENT MAKING REQUEST: *HCi gpe(/Agent Is Receiving the Results

Their Notarized Signature is Required in Section 2) *****

Mail Results To: NAME ATTENTION ADDRESS CITY STATE ZIP CODE	Please provide your contact information in case there is a discrepancy with your form. Phone: _____ Email: _____
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FEES FOR SERVICE:

<input type="checkbox"/> \$15.00 CRIMINAL HISTORY SEARCH <input type="checkbox"/> \$20.00 COMBINATION CRIMINAL HISTORY & SEX OFFENDER SEARCH	* FEES For Volunteers with Non-Profit Organizations: <input type="checkbox"/> \$8.00 CRIMINAL HISTORY SEARCH <input type="checkbox"/> \$16.00 COMBINATION CRIMINAL HISTORY & SEX OFFENDER SEARCH
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* 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 Not Accepted)</p> <input type="checkbox"/> Business or Certified check or Money order (payable to Virginia State Police) <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 PEIKA Account Number: _____</p>	<p>Mail This Form To:</p> <p>Virginia State Police Central Criminal Records Exchange – NEL P. O. Box 85076 Richmond, Virginia 23285-5076</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. Unless fingerprints are submitted, this request will only return Virginia Convictions.

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