

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

Virginia State Police CCRE – Attention New Form P.O. Box 85076 Richmond, Virginia 23261-5076			
Mail Request To:			
PURPOSE OF THIS REQUEST (Check only one):			
☐ CHILD CARE ☐ DOMESTIC ADOPTION ☐ ADULT CARE ☐ NURSING HOME OR HOME HEALTH		☐ VIRGINIA PUBLIC SCHOOLS ☐ INTERNATIONAL ADOPTION COUNTRY: _____ ☐ FOSTER CARE ☐ EMPLOYMENT ☐ OTHER (Please Specify) _____	
NAME 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> (MM/DD/YYYY)	<u>SOCIAL SECURITY NUMBER</u>
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:	
☐ \$15.00 CRIMINAL HISTORY SEARCH		☐ \$8.00 CRIMINAL HISTORY SEARCH	
☐ \$20.00 COMBINATION CRIMINAL HISTORY & SEX OFFENDER 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 volunteering status and include organization's name, address, and your tax exempt identification number.			
METHOD OF PAYMENT: (Note: Personal Checks <u>Not</u> 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 <u>only</u> .			
☐ No Conviction Data – Does Not Preclude the Existence of an Arrest Record		Purpose code: ☐ C	
☐ No Criminal Record – Name Search Only	☐ No Criminal Record – Fingerprint Search		☐ N
☐ No Sex Offender Registration Record	☐ Criminal Record Attached		☐ O
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 complete 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. Social Security 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: provide charge account number issued by Virginia 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. <u>Code of Virginia §2.2-4805.</u>

Mailing Instructions:

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CCRE – Attention: New Form
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