Virginia Department of Criminal Justice Services

Notification of Eligibility for Decertification DC-1

Rev 3.2 / 7.2025

Pursuant to § 15.2-1707 of the *Code of Virginia,* this document shall serve as written notice to the Criminal Justice Services Board of the potential eligibility for decertification of the individual listed below.

Submit via Email to: lejdecert@dcjs.virginia.gov

FOR DCJS USE ONLY:
CASE ID #: _____

NAME: _____ **DATE OF BIRTH:** _____

LAST KNOWN MAILING ADDRESS: _____

LAST KNOWN PHONE NUMBER: _____

CERTIFIED LAW ENFORCEMENT ☐ **CERTIFIED JAIL OFFICER** ☐ **RECRUIT/ FIELD TRAINING STATUS** ☐

ORIGINAL CERTIFICATION DATE: _____ *VERIFIED BY DCJS STAFF (Initials):* _____

REQUESTING AGENCY: _____

POINT OF CONTACT: _____

POINT OF CONTACT Email: _____

POINT OF CONTACT Phone: _____

DATE OF SEPARATION: _____ **TERMINATED** ☐ **RESIGNED** ☐ **RESIGNED in lieu of Termination** ☐

(Separation date must be entered into TRACER for Decertification to be processed)

GRIEVANCE: FILED ☐ **NOT FILED** ☐ **FILING WINDOW:** _____

If decertification is a result of any provision of clauses (ii) through (v) of subsection B of § 15.2-1707, and a review of the decertification is requested, any informal fact-finding conference or formal hearing shall be continued until after all grievances or appeals have been exhausted or waived and the employing agency's finding of misconduct is final. Such officer shall remain decertified during such period of continuance.

REASON FOR DECERTIFICATION ***(CHECK ALL THAT APPLY/ATTACH SUPPLEMENTAL INFORMATION AS NECESSARY):***

15.2-1707 A - ***COPY OF JUDGEMENT OF CONVICTION MUST BE SUBMITTED WHEN AVAILABLE***

☐ **A(i):** Convicted of or plead guilty or no contest to a felony or any offense that would be a felony if committed in the Commonwealth. Conviction Date: _____
Offense Code Section(s): _____ Court/Jurisdiction: _____

☐ **A(ii):** Convicted of or plead guilty or no contest to a Class 1 misdemeanor involving moral turpitude, including but not limited to petit larceny, or any offense involving moral turpitude that would be a misdemeanor if committed in the Commonwealth. Conviction Date: _____
Offense Code Section(s): _____ Court/Jurisdiction: _____

☐ **A(iii):** Convicted of or plead guilty or no contest to any misdemeanor sex offense in the Commonwealth, another state, or the United States, including but not limited to sexual battery or consensual sexual intercourse with a minor 15 or older. Conviction Date: _____
Offense Code Section(s): _____ Court/Jurisdiction: _____

☐ **A(iv):** Convicted of or plead guilty or no contest to domestic assault or any offense that would be domestic assault under the laws of another state or the United States. Conviction Date: _____
Offense Code Section(s): _____ Court/Jurisdiction: _____

☐ **A(v):** Failed to comply with or maintain compliance with mandated training requirements.
Date(s) of incident/actionable occurrence: _____
Brief Description of Violation: _____

☐ **A(vi):** Refusal to submit to a drug screening or has produced a positive result on a drug screening reported to the employing agency, where the positive result cannot be explained to the agency's satisfaction. Date(s) of incident/actionable occurrence: _____
Brief Description of Violation: _____

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15.2-1707 B - ***such notifications shall be given within 48 hours of a termination or resignation pursuant to clause (i), (ii), or (iii), or within 48 hours of the completion of an internal investigation for a termination or resignation pursuant to clauses (iv) through (vii).***

☐ Terminated or resigns: ***(CHECK ALL THAT APPLY)***

☐ **B(i):** in advance of being convicted or found guilty of an offense as set forth in subsection (A), clause (i) that requires decertification. Offense Code Section(s): _____
Court Date: _____ Brief Description of Violation: _____
_____

☐ **B(ii):** in advance of a pending drug screening.
Date(s) of incident/actionable occurrence: _____
Brief Description of Violation: _____

☐ **B(iii):** for a violation of state or federal law, including those instances when a prosecution for a violation of state or federal law is terminated as a result of such law-enforcement or jail officer resigning from his position. Offense Code Section(s): _____
Date(s) of incident/actionable occurrence: _____
Brief Description of Violation: _____

☐ **B(iv):** ***(*effective March 14, 2024)*** for engaging in serious misconduct as defined in statewide professional standards of conduct adopted by the Board. **SOC Citation(s):** _____
Date(s) of incident/actionable occurrence: _____
Brief Description of VIolation: _____

☐ **B(v):** ***(*effective March 14, 2024)*** while such officer is the subject of a pending internal investigation involving serious misconduct as defined in statewide professional standards of conduct adopted by the Board. **SOC Citation(s):** _____
Date(s) of incident/actionable occurrence: _____
Brief Description of Violation: _____

☐ **B(vi):** for an act committed while in the performance of or in relation to the officer's duties that compromises an officer's credibility, integrity, or honesty.
Date(s) of incident/actionable occurrence: _____
Brief Description of Violation: _____
_____

☐ **B(vii):** for an act committed while in the performance of his duties that constitutes exculpatory or impeachment evidence in a criminal case.
Date(s) of incident/actionable occurrence: _____
Brief Description of Violation: _____
(If applicable and available, please attach a copy of any issued Brady documentation)

A summary of the circumstances associated with this notification, including relevant dates, information to support decertification, pending court dates or grievances, as related to the above violations, must accompany this submission. The Virginia Department of Criminal Justice Services (DCJS) reserves the right to request additional clarification of any submitted information to substantiate the appropriate application of the Decertification Code as it is listed above.

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ADDITIONAL INFORMATION:

(Additional Supporting Documentation may be attached and must be in PDF form)

(Attach additional pages as needed)

_____ **Date:** _____

Signature of Sheriff, Chief of Police, Agency Administrator, or their designee

_____ **Title:** _____

PRINT NAME

FOR ADDITIONAL INFORMATION:

DCJS LAW-ENFORCEMENT & JAIL OFFICER DECERTIFICATION PAGE

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