



**COMMONWEALTH OF VIRGINIA**  
**Department of Criminal Justice Services**

P.O. Box 1300 • Richmond, VA 23218  
 Phone: (804) 786-4700 • Fax: (804) 786-6344 [www.dcjs.virginia.gov/pss](http://www.dcjs.virginia.gov/pss)

Status Hotline  
 (804) 786-1132  
 1-877-9STATUS

**CRIMINAL HISTORY SUPPLEMENTAL FORM**

**IMPORTANT INFORMATION**

- Misrepresentation, falsification, or omission of pertinent information may be cause for denial and may result in criminal charges.
- **REQUIRED CRIMINAL HISTORY DOCUMENTATION:** Please attach and submit the following for each conviction to the Virginia Department of Criminal Justice Services (DCJS):
  - Statement containing conviction, date of offense, location and circumstances of conviction, a certified copy of all applicable criminal conviction(s), police and court records
  - Statement and the current status of parole, probation, etc.; and
  - Supporting documentation (i.e., reference letters, pardons, documentation of rehabilitation, restitution of rights, etc.).

**Applicant Information**

SSN or DCJS ID Number:	Last Name:	First Name:	MI:
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**Please list all convictions in detail and attach required criminal history documentation**  
*(Please attach an additional form if needed)*

Conviction:	Date of Conviction:	
Jurisdiction:		<input type="checkbox"/> Felony
Are you currently on probation? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Misdemeanor
Have you complied with all court sanctions? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Conviction:	Date of Conviction:	
Jurisdiction:		<input type="checkbox"/> Felony
Are you currently on probation? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Misdemeanor
Have you complied with all court sanctions? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Conviction:	Date of Conviction:	
Jurisdiction:		<input type="checkbox"/> Felony
Are you currently on probation? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Misdemeanor
Have you complied with all court sanctions? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Conviction:	Date of Conviction:	
Jurisdiction:		<input type="checkbox"/> Felony
Are you currently on probation? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Misdemeanor
Have you complied with all court sanctions? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Are you currently under Protective Orders?  Yes\*  No

\*Provide Release Date: \_\_\_\_\_

**Affirmation**

I, the undersigned, certify that all information contained on this application is true and correct to the best of my knowledge and I have not omitted any pertinent information. I understand that any misrepresentation, falsification or omission of pertinent information may be cause for denial and may result in criminal charges. I understand that I am responsible for maintaining full compliance with *Virginia Code*.

Signature Required: \_\_\_\_\_ Date: \_\_\_\_\_  
mm/dd/yy