CRIMINAL HISTORY RECORD NAME SEARCH REQUEST

PURPOSE OF THIS REQUEST (Check only one):							
DOMESTIC ADOPTION INTERNATIONAL ADOPTION COUNTRY							
VISA (INTERNATIONAL TRAVEL) OTHER (please specify)							
Grand Control of the	ATION	TO BE SEARCHED:		ETDOTALLA (E	MIDDLENAME	MAIDENA	IAME
LAST NAME				FIRST NAME	MIDDLE NAME	MAIDEN N	<u>IAME</u>
7.407	OFM	DATE OF DIRTH		Т	SOCIAL SECURITY NUM	IBED	
RACE	SEX	<u>DATE OF BIRTH</u> / /	(MAM/DD	NAVAA	SOCIAL SECURITY NOW	IBER	
A FEIDA VIT FOR	RELE	ASE OF INFORMATI	(MM/DD	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
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 t: Subscribed and sworn to before me on: (MM/DD/YYYY)		
State of		County City	y of	; to wit:	Subscribed and sworn to be	efore me on:	
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.							
				1	Signature of Indi	vidual Making Reques	st
State of		□ County □ Cit	v of	· to wit·	Subscribed and sworn to be	-	
State of		County _ Cit	y 01	, to wit.	bubberioed and sworn to oc		(MM/DD/YYYY)
			1	My commission expires	s: My	registration # is:	
Signature of Notary Public							
NAME AND MAILING ADDRESS OF AGENCY, INDIVIDUAL OR AUTHORIZED AGENT MAKING REQUEST:							
Mail Reply To:							
NAME							
ATTENTION							
ADDRE	000			*			
ADDRE	:33						
CITY			STATE ZIP C	CODE			
FEES FOR SERVICE:							
* FEES For Volunteers with Non-Profit Organizations: \$\Bar{\text{S}}\$ \$15.00 CRIMINAL HISTORY SEARCH \$\Bar{\text{S}}\$ \$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 volunteer status and include							
organization's name, address, and the tax exempt identification number. METHOD OF PAYMENT: (Note: Personal Checks Not Accepted) Mail Request To:							
Business or Certified check or Money order (navable to Virginia State Police)							
Virginia State Police							_ NF
Account Number: Expiration: / P. O. Box 85076							
Signature of Cardholder: Richmond, Virginia 23261-5076							
☐ Virginia State Police Charge Account Number: ATTN: NEW FORM							
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.							
No Conviction Date Dags Not Preclude the Evictorice of an Arrest Record							
No Criminal Record – Name Search Only No Criminal Record – Fingerprint Search Purpose code: Purpose code: No Criminal Record – Fingerprint Search							
No Sex Offe	ender R	degistration Record	☐ Crimir	iai Kecord Attache	zu .		По
Date:		By CCRI	<i></i>	~			

CRIMINAL HISTORY RECORD NAME SEARCH REQUEST

INSTRUCTIONS FOR COMPLETING THE CRIMINAL HISTORY REQUEST FORM

Pay By: Certified Check/Money Order or Business check made payable to "Virginia State Police"
OR we accept VISA and MasterCard
Personal Checks Not Accepted

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.

Code of Virginia §2.2-4805.

Discard these Instructions Prior to Submitting to State Police

Refer to Page 2 of these Form Instructions for Pricing Structure and Types of Name Searches Available

If you are interested in obtaining a name search of the "Sex Offender and Crimes Against Minors Registry," refer to the instructions on page 2 of this form.

The Form Must be TYPED OR NEATLY HAND-PRINTED.

Complete the Criminal History Record Request by following these instructions:

PURPOSE OF THIS REQUEST:

Primary reason for request.

NAME INFORMATION TO BE SEARCHED:

Name, race, sex, date of birth, and social security number on whom the criminal record name search is to be conducted. 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.

AFFIDAVIT FOR RELEASE OF

INFORMATION:

Individual's signature on which the search is to be conducted. The signature indicating consent must be notarized for the search to be conducted and mailed to the individual or authorized agent (if applicable).

SIGNATURE OF PERSON MAKING REQUEST:

Affidavit must be signed by authorized agent and notarized to receive the search results.

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

Name and complete mailing address of the individual, agency or authorized agent to receive processed criminal record search must be completed.

FEES FOR SERVICE:

Indicate fee that is submitted, based upon type of request. Fees for volunteer of non-profit organizations must be accompanied with their tax exempt number.

METHOD OF PAYMENT:

Indicate method of payment

Mail the Completed SP-167 "Criminal History Record Request" to:

Virginia State Police Central Criminal Records Exchange – NF P.O. Box 85076 Richmond, Virginia 23261-5076