

Fill out this section only.

**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):**

- |   |  |
|---|--|
| <input type="checkbox"/> CHILD DAY CARE                         | <input type="checkbox"/> COUNTY/CITY PUBLIC SCHOOLS                          |
| <input type="checkbox"/> DOMESTIC ADOPTION                      | <input type="checkbox"/> INTERNATIONAL ADOPTION COUNTRY: _____               |
| <input type="checkbox"/> ADULT DAY CARE OR ADULT CARE RESIDENCE | <input type="checkbox"/> FOSTER CARE   |
| <input type="checkbox"/> NURSING HOME OR HOME HEALTH            | <input type="checkbox"/> EMPLOYMENT  |
|   | <input checked="" type="checkbox"/> OTHER (Please Specify) <u>Non Profit</u> |

**NAME TO BE SEARCHED:**

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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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>Vecinos Unidos</u>	
<u>ATTENTION</u> <u>President</u>	
<u>ADDRESS</u> <u>P.O. Box 552</u>	
<u>CITY</u> <u>Herndon</u>	<u>STATE</u> <u>VA</u>
	<u>ZIP CODE</u> <u>20172</u>

**FEES FOR SERVICE:**

- |   |  |
|---|--|
| <input type="checkbox"/> \$15.00 CRIMINAL HISTORY SEARCH                            | * FEES For Volunteers with Non-Profit Organizations:   |
| <input type="checkbox"/> \$20.00 COMBINATION CRIMINAL HISTORY & SEX OFFENDER SEARCH | <input type="checkbox"/> \$8.00 CRIMINAL HISTORY SEARCH  |
|   | <input checked="" type="checkbox"/> \$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 Not 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 only.

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

Date \_\_\_\_\_ By CCRE/ \_\_\_\_\_