

## CRIMINAL HISTORY RECORD NAME SEARCH REQUEST

<b>PURPOSE OF THIS REQUEST (Check only one):</b> <input type="checkbox"/> ADOPTION-DOMESTIC <input type="checkbox"/> ADOPTION-INTERNATIONAL <input type="checkbox"/> VISA (INTERNATIONAL TRAVEL) <input type="checkbox"/> OTHER (please specify): _____							
<b>NAME INFORMATION TO BE SEARCHED:</b> <table style="width: 100%; border: none;"> <tr> <td style="width: 25%; border: none;"><u>LAST NAME</u></td> <td style="width: 25%; border: none;"><u>FIRST NAME</u></td> <td style="width: 25%; border: none;"><u>MIDDLE NAME</u></td> <td style="width: 25%; border: none;"><u>MAIDEN NAME</u></td> </tr> </table>				<u>LAST NAME</u>	<u>FIRST NAME</u>	<u>MIDDLE NAME</u>	<u>MAIDEN NAME</u>
<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>				
<b>AFFIDAVIT FOR RELEASE OF INFORMATION:</b> 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 of Person							
State of _____; County/City of _____, to wit: Subscribed and sworn to before me this _____ day of _____, 20 ____. My Commission expires _____, 20 _____.							
_____ Signature of Notary Public							
<b>SIGNATURE OF PERSON MAKING REQUEST:</b> As provided in Section 19.2-389, <u>Code of Virginia</u> , I hereby request the criminal history record of the individual named in Section 1 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.							
_____ Signature of Person Making Request							
State of _____; County/City of _____, to wit: Subscribed and sworn to before me this _____ day of _____, 20 ____. My Commission expires _____, 20 _____.							
_____ Signature of Notary Public							
<b>NAME AND MAILING ADDRESS OF AGENCY, INDIVIDUAL OR AUTHORIZED AGENT MAKING REQUEST:</b> Mail Reply To:							
<u>NAME</u>							
<u>ATTENTION</u>							
<u>ADDRESS</u>							
<u>CITY</u>	<u>STATE</u>	<u>ZIP CODE</u>					
<b>FEES FOR SERVICE:</b> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <b>FEES:</b>  <input type="checkbox"/> \$15.00 CRIMINAL HISTORY SEARCH  <input type="checkbox"/> \$20.00 COMBINATION CRIMINAL HISTORY &amp; SEX OFFENDER SEARCH         </td> <td style="width: 50%; border: none;"> <b>* FEES For Volunteers with Non-Profit Organizations:</b>  <input type="checkbox"/> \$8.00 CRIMINAL HISTORY SEARCH  <input type="checkbox"/> \$16.00 COMBINATION CRIMINAL HISTORY &amp; SEX OFFENDER SEARCH         </td> </tr> </table> <p><small>* 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.</small></p>				<b>FEES:</b> <input type="checkbox"/> \$15.00 CRIMINAL HISTORY SEARCH <input type="checkbox"/> \$20.00 COMBINATION CRIMINAL HISTORY & SEX OFFENDER SEARCH	<b>* FEES For Volunteers with Non-Profit Organizations:</b> <input type="checkbox"/> \$8.00 CRIMINAL HISTORY SEARCH <input type="checkbox"/> \$16.00 COMBINATION CRIMINAL HISTORY & SEX OFFENDER SEARCH		
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<b>METHOD OF PAYMENT: (Note: Personal Checks <u>Not</u> Accepted)</b> <input type="checkbox"/> Business or Certified Check or Money Order (payable to Virginia State Police)  <input type="checkbox"/> Charge Card <input type="checkbox"/> MasterCard     OR <input type="checkbox"/> Visa Account Number:                      -                      -                      - Expiration Date:                      / Signature of Cardholder: _____  <input type="checkbox"/> Virginia State Police Charge Account Number: _____		<b>Mail Request To:</b>  <div style="text-align: center;">           Virginia State Police            Central Criminal Records Exchange            P.O. Box 85076            Richmond, Virginia 23261-5076         </div>					
<b>FOR STATE POLICE USE ONLY – DO NOT WRITE BELOW THIS LINE</b>							
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> .							
<input type="checkbox"/> No Conviction Data – Does Not Preclude the Existence of an Arrest Record <input type="checkbox"/> No Criminal Record – Name Search Only <input type="checkbox"/> No Criminal Record – Fingerprint Search <input type="checkbox"/> No Sex Offender Registration Record <input type="checkbox"/> Criminal Record Attached		Purpose code: <input type="checkbox"/> C <input type="checkbox"/> N <input type="checkbox"/> O					
Date _____ By CCRE/ _____							

**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 will accept VISA and MasterCard**  
**Personal Checks Not Accepted**

Discard these Instructions Prior to Submitting to State Police

Refer to Page 2 of this Form 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:

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- 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. 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 Complete S.P. 167 "Criminal History Record Request" to:

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

### Instructions For Requesting a Search of the “Sex Offender and Crimes Against Minors Registry”

In accordance with Section 9.1-900 – 9.1-918, Code of Virginia, the Central Criminal Records Exchange of the Virginia Department of State Police is responsible for maintaining the above captioned Registry containing name, personal descriptive/conviction information and photographs of individuals convicted of specific sex offenses. The law also provides for the dissemination of sex offender registrations for the following purpose: Child/adult care, child minding, public/child protection, daycare services, volunteering services or employment. To request an inquiry of the Registry, S.P. 266 “Sex Offender and Crimes Against Minors Registry” name search forms may be obtained by downloading from the State Police’s web-site on the Internet @[www.virginiatrooper.org](http://www.virginiatrooper.org).

There are two classifications of sex offenders: the sex offender and violent sex offender. A single name search can be conducted to determine if a person is convicted of a violent or sex offense by completing and S.P 266 form. Violent sex offenders can be searched through the Internet at the above web-site.

#### Cost Structure and Types of Records Searches Available

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CRIMINAL HISTORY RECORD	\$15.00 per search of Criminal History Name File.
COMBINATION CRIMINAL HISTORY/SEX OFFENDER REGISTRY	\$20.00 for a COMBINATION criminal history record name search conducted and a Sex Offender and Crimes Against Minors name search.
COMPLETE SEX OFFENDER REGISTRY	\$15.00 per search of the Sex Offender Registry only through the submission of an S.P. 266 “Sex Offender and Crimes Against Minors” name search request form.
VIOLENT SEX OFFENDERS	No Charge for searches conducted of violent offender registrations ONLY through the Internet.
NON-PROFIT ORGANIZATION COMBINATION CRIMINAL HISTORY/SEX OFFENDER REGISTRY	\$16.00 for a COMBINATION criminal history record name search conducted for a “Criminal History Record Name Search” and “Sex Offender and Crimes Against Minors.” The purpose of this search is for volunteering services for a non-profit organization. The S.P. 167 must be submitted attached to documentation explaining the purpose of the search is for volunteering services for a non-profit organization. The documentation must include the name of the organization, address and the tax-exempt identification number of the organization.
NON-PROFIT ORGANIZATION COMPLETE SEX OFFENDER	\$8.00 for each name search of the Sex Offender Registry conducted for individuals volunteering for a non-profit organization. The S.P. 167 must be submitted attached to documentation explaining the purpose of the search is for volunteering services for a non-profit organization. The documentation must include the name of the organization, address and the tax-exempt identification number of the organization.