

**NAME SEARCH REQUEST FORM FOR
CRIMINAL HISTORY RECORD AND/OR
SEX OFFENDER AND CRIMES AGAINST MINORS REGISTRY SEARCH**

PLEASE FOLLOW INSTRUCTIONS ON REVERSE OF FORM TO ENSURE REQUEST CAN BE PROCESSED
PERSONAL CHECKS NOT ACCEPTED

I. CHECK METHOD OF PAYMENT

State Police Charge Account # _____ MasterCard  Account Number: _____

Paid \$ _____ Total Enclosed Visa  Expiration Date: _____

Signature of Cardholder: _____

II. Select type name search(es) requested:

Criminal History Record \$15.00 \$8.00 *NONPROFIT

Sex Offender & Crimes Against Minors Registry \$15.00 \$8.00 ORGANIZATION/

Criminal History Record and Sex Offender & Crimes Against Minors Registry \$20.00 \$16.00 VOLUNTEER

*To be entitled to reduced price, services must be on volunteer basis for a non-profit organization with a federal tax exempt number. Attach documentation to form which supports volunteering status and include organization's name, address and tax exempt identification number.

III. Print Clearly Name to be Searched:

Last Name	First	Middle	Maiden	Sex	Race	Date of Birth (mm/dd/yyyy)
						/ /
Complete Address						Social Security Number
						/ /
City		State		Zip code		

I certify I am entitled by law to receive the requested record, and the record provided shall be used only for the screening of current or prospective employees or volunteers. 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 2 misdemeanor.

IV. Agency, Individual or Agent Making Request:

Complete only for Criminal History Search

MAIL REPLY TO:

NAME		
STREET/RFD		
CITY	STATE	ZIP CODE

V. Purpose of Search

Child Day Care

Adult Day Care or Adult Care Residence

Nursing Home or Home Health

Foster Care

Domestic Adoption

International Adoption

Other (Specify) _____

Date of Request	Signature of Person Making Request	Printed Name
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VI. Complete for Sex Offender & Crimes Against Minors Registry Search (See instructions for explanation)

Check appropriate block to describe the purpose for the Sex Offender & Crimes Against Minors Registry Search:

<input type="checkbox"/> Employment	<input type="checkbox"/> Child or Adult Care	<input type="checkbox"/> Volunteer Services	<input type="checkbox"/> Child Protection
<input type="checkbox"/> Public Protection	<input type="checkbox"/> Child Minding	<input type="checkbox"/> Day Care	

(DO NOT WRITE IN THIS SPACE, CCRE USE ONLY)

RESPONSE(S) BASED ON COMPARISON OF REQUESTER FURNISHED INFORMATION AGAINST A MASTER ADULT NAME INDEX FILE MAINTAINED IN THE CENTRAL CRIMINAL RECORDS EXCHANGE ONLY.

***ALL RESULTS ARE BASED ON NAME SEARCH ONLY.**

NO CONVICTION DATA NO CRIMINAL RECORD NO SEX OFFENDER REGISTRATION

*DOES NOT PRECLUDE THE EXISTENCE OF RECORD EXISTING UNDER DIFFERENT NAME DATA THAN FURNISHED BY THE REQUESTER.

Date: _____ By: _____ CCRE/

Instructions for completing the Criminal History Record/Sex Offender and Crimes Against Minors Registry Request Form
Please read the following General Instructions

SUBMIT 2 COPIES; either both original ink, or 1 original and 1 photocopy

- Section I: Method of Payment: Certified Check, Money Order, Company/Business check, Mastercard or Visa.
 For charge account: Record charge account number issued by State Police.
- Section II: Check type of name search(es) requested.
- Section III: Type or print CLEARLY the full name (last, first, middle [no initials] and maiden if applicable), sex, race, date of birth, and complete address of person whose name is to be searched against the master criminal name file and/or the Sex Offender and Crimes Against Minors Registry.
- Section IV: Agency, Individual or Authorized Agent Making Request: Your agency identification serves as the mailing label for the State Police to return the search results, therefore, type or print CLEARLY. This information is also reviewed to ensure requestor is statutorily entitled to use this form to request a criminal record name search.
- Section V: Purpose of Search: Check the appropriate box to reflect the purpose of the search.
 Dissemination of criminal history records are processed in accordance with Section 19.2-389 of the Code governing the program for which the search is requested. For adult programs, criminal history record dissemination includes convictions of specific barrier crimes.
- Sections VI: Sex Offenders and Crimes Against Minors Registry Search
 Section 9.1-912 of the Code of Virginia requires the requester to provide a statement of the reason(s) for the request, therefore, please check the appropriate block. The results of this search will indicate if an individual is registered for conviction(s) listed below, including substantially similar out-of-state conviction as a nonresident of the Commonwealth enrolled in school, employed and/or a vocation.

<p>1. “Sexually Violent Offense” means a Violation or Attempted Violation of:</p> <table border="0"> <thead> <tr> <th><u>Charge</u></th> <th><u>Section</u></th> </tr> </thead> <tbody> <tr> <td>Abduction for Immoral Purpose</td> <td>18.2-48(ii)</td> </tr> <tr> <td>Rape</td> <td>18.2-61</td> </tr> <tr> <td>Forcible Sodomy</td> <td>18.2-67.1</td> </tr> <tr> <td>Object Sexual Penetration</td> <td>18.2-67.2</td> </tr> <tr> <td>Aggravated Sexual Battery</td> <td>18.2-67.3</td> </tr> <tr> <td>Attempted Rape, Forcible Sodomy Object Sexual Penetration, Aggravated Sexual Battery</td> <td>18.2-67.5 (A)(B)</td> </tr> <tr> <td>Taking Indecent Liberties with Minor</td> <td>18.2-370</td> </tr> <tr> <td>Taking Indecent Liberties with Minor by Person in Custodial or Supervisory Relationship</td> <td>18.2-370.1</td> </tr> </tbody> </table> <p align="center">OR</p> <p>A <u>SECOND</u> or subsequent conviction, where the individual was at liberty between such convictions, of the follow:</p> <table 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Mailing Instructions:

**Mail to: DEPARTMENT OF STATE POLICE
 CENTRAL CRIMINAL RECORDS EXCHANGE
 P. O. BOX 85076
 RICHMOND, VIRGINIA 23261-5076**

ALLOW FIFTEEN DAYS FOR PROCESSING