SP-230 (Rev. 12-01-2012)

CRIMINAL HISTORY RECORD/SEX OFFENDER AND CRIMES AGAINST MINORS REGISTRY SEARCH FORM

Mail Request To:

Virginia State Police
CCRE – Attention New Form
P.O. Box 85076
Richmond, Virginia 23261-5076

PURPOSE OF THIS REQUEST (Check only one):

- ☐ CHILD CARE
- ☐ DOMESTIC ADOPTION
- ☐ ADULT CARE
- ☐ NURSING HOME OR HOME HEALTH
- ☐ VIRGINIA PUBLIC SCHOOLS
- ☐ INTERNATIONAL ADOPTION COUNTRY: _____
- ☐ FOSTER CARE
- ☐ EMPLOYMENT
- ☐ OTHER (Please Specify) _____

NAME TO BE SEARCHED:

LAST NAME	FIRST NAME	MIDDLE NAME	MAIDEN NAME

RACE	SEX	DATE OF BIRTH (MM/DD/YYYY)	SOCIAL SECURITY NUMBER

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:

NAME	
ATTENTION	
ADDRESS	
CITY STATE ZIP CODE	

FEES FOR SERVICE:

FEES:

- ☐ $15.00 CRIMINAL HISTORY SEARCH
- ☐ $20.00 COMBINATION CRIMINAL HISTORY & SEX OFFENDER SEARCH

* FEES For Volunteers with Non-Profit Organizations:

- ☐ $8.00 CRIMINAL HISTORY 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 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.

- ☐ No Conviction Data – Does Not Preclude the Existence of an Arrest Record
- ☐ No Criminal Record – Name Search Only
- ☐ No Criminal Record – Fingerprint Search
- ☐ No Sex Offender Registration Record
- ☐ Criminal Record Attached

Date _____ By CCRE/ _____

Purpose code:

- ☐ C
- ☐ N
- ☐ O