

CRIMINAL HISTORY RECORD NAME SEARCH REQUEST

Pay By: Certified Check/Money Order or Company Check Payable to "VIRGINIA STATE POLICE"

Personal Checks Not Accepted

| | | |
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| MAIL REQUEST TO: VIRGINIA STATE POLICE CCRE P.O. BOX 85076 RICHMOND, VIRGINIA 23261-5076 | <input type="checkbox"/> \$15 CRIMINAL HISTORY RECORD <input type="checkbox"/> \$20 COMBINATION CRIMINAL HISTORY/ SEX OFFENDER SEARCHES | <p style="text-align: right;">*NONPROFIT ORGANIZATION OR VOLUNTEER SERVICES</p> <p>CHECK REQUEST TYPE:</p> <input type="checkbox"/> VISA (INTERNATIONAL TRAVEL) <input type="checkbox"/> \$8.00 Criminal History <input type="checkbox"/> ADOPTION-DOMESTIC <input type="checkbox"/> \$16.00 Combination Criminal History <input type="checkbox"/> ADOPTION-INTERNATIONAL & Sex Offender Searches <input type="checkbox"/> CHARGE <input type="checkbox"/> PAID |
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*To be entitled to reduce 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.

| Section 1. NAME INFORMATION TO BE SEARCHED | | | | | | |
|--|-----------------------------------|--------|--------|-------------------------------|------|----------------------|
| LAST NAME - <u>PRINT ONLY</u> | FIRST | MIDDLE | MAIDEN | SEX | RACE | DATE OF BIRTH / / |
| PLACE OF BIRTH - County or City | PLACE OF BIRTH - State or Country | | | SOCIAL SECURITY NUMBER - - | | |

Section 1.A. AFFIDAVIT FOR RELEASE OF INFORMATION

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

Section 2. AGENCY, INDIVIDUAL OR AUTHORIZED AGENT MAKING REQUEST

| | | | | | | | | | | | | | | | | | | | |
|--|-------|----------|--|--|--|--|------------|--|--|--------------------|--|--|------|-------|----------|--------------|----|-------|---|
| MAIL REPLY TO: Agency, Individual or Authorized Agent <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3">NAME</td> </tr> <tr> <td colspan="3">Rockingham County Department of Fire & Rescue Attn: Jerry Bauserman</td> </tr> <tr> <td colspan="3">STREET/RFD</td> </tr> <tr> <td colspan="3">20 East Gay Street</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP CODE</td> </tr> <tr> <td>Harrisonburg</td> <td>VA</td> <td>22801</td> </tr> </table> | NAME | | | Rockingham County Department of Fire & Rescue Attn: Jerry Bauserman | | | STREET/RFD | | | 20 East Gay Street | | | CITY | STATE | ZIP CODE | Harrisonburg | VA | 22801 | Check Account Type and Record Requested Information: <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa Account Number <u>Volunteer Agency</u> Expiration Date <u>54-6001582</u> Signature of Cardholder _____ State Police Account Number _____ |
| NAME | | | | | | | | | | | | | | | | | | | |
| Rockingham County Department of Fire & Rescue Attn: Jerry Bauserman | | | | | | | | | | | | | | | | | | | |
| STREET/RFD | | | | | | | | | | | | | | | | | | | |
| 20 East Gay Street | | | | | | | | | | | | | | | | | | | |
| CITY | STATE | ZIP CODE | | | | | | | | | | | | | | | | | |
| Harrisonburg | VA | 22801 | | | | | | | | | | | | | | | | | |

SECTION 2.A. As provided in Section 19.2-389, Code of Virginia, 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 Virginia; County/City of Rockingham; to wit:
 Subscribed and sworn to before me this _____ day of _____, 20 ____ . My commission expires March 31, 20 08 .

Signature of Notary Public

Note if additional copy of record is requested and include \$5.00 fee for service.

NOTICE

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

Department of State Police, Central Criminal Records Exchange

Date _____ By CCRE/ _____

CRIMINAL RECORD ATTACHED

CRIMINAL HISTORY RECORD NAME SEARCH REQUEST

INSTRUCTIONS FOR COMPLETING THE CRIMINAL HISTORY REQUEST FORM

Separate These Instructions at Preforation and Align with Request Form to Assist in Completion.

Pay By: Certified Check/Money Order or Company Check Payable to "Virginia State Police."

Personal Checks Not Accepted.

Discard these Instructions Prior to Submitting Request to State Police.

Refer to Reverse Side 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 the reverse side of this form.

Type or Print Clearly and Complete the Criminal History
Record Request by Following these Instructions:

Check the appropriate box at the top of form to identify type search requested and payment method.

SECTION 1. Name, address, sex, race, date/ place of birth and social security number on whom the criminal record name search is to be conducted.

SECTION 1A. Individual's signature on which the search is to be conducted. The signature must be notarized to provide consent for the search to be conducted and to mail the processed search to an individual or authorized agent (if applicable).

SECTION 2. Name and complete mailing address of the individual, agency or authorized agent to receive the processed criminal record search form **must be completed**.

NOTE: If the "MAIL REPLY TO" area is to be returned to the same individual on whom the search is conducted, Section 2A DOES NOT REQUIRE COMPLETION.

SECTION 2A. Affidavit must be signed by individual/authorized agent to receive the search results and the signature must be notarized. NOTE: If the "MAIL REPLY TO" area contains the same name as the individual on whom the search is conducted, Section 2A DOES NOT REQUIRE completion.

Paid Requests

Include a business check or money order for the total number of searches submitted.

Charge Account

Record the accurate Master Card, or Visa charge account number, check the type of charge transaction and the charge account expiration date. DO NOT FORGET your signature to authorize the charge transaction.

State Police Account

If an account number has been assigned by the Department of State Police be certain to record it on all request forms submitted.

Forward the completed SP-167 Criminal History Record Request forms to:

**Virginia State Police
CCRE
P.O. Box 85076
Richmond, Virginia 23261-5076**

IMPORTANT: SUBMIT 2 COPIES; EITHER BOTH ORIGINAL INK, OR 1 ORIGINAL AND 1 PHOTOCOPY.

To obtain additional forms, visit our web-site at WWW.VIRGINIATROOPER.ORG or phone (804) 674-2024.

Instructions For Requesting a Search of the "Sex Offender and Crimes Against Minors Registry"

In accordance with Section 19.2-298.1 the Central Criminal Records Exchange of the Department of State Police is responsible for maintaining the above-captioned Registry containing name, personal descriptive/conviction information and photographs on individuals convicted of specific sex offenses. The law also provides for the dissemination of sex offender registrations for the following purposes: Child/adult care, child minding, public/child protection, daycare services, volunteering services or employment. To request an inquiry of the Registry, SP-266 Sex Offender and Crimes Against Minors Registry name search forms may be obtained by phoning (804) 674-2024 or downloaded from State Police's Web site on the Internet at WWW.VIRGINIATROOPER.ORG.

There are two categories of sex offender registrations: sex offender and violent offender. A complete name search (each category of sex offender) of the Registry will be processed by submitting an SP-266 form OR a search of the violent sex offender registrations ONLY may be conducted through the Internet at the above Web site.

Cost Structure and Types of Record Searches Available

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|--|--|
| CRIMINAL HISTORY RECORD | \$15 per search of Criminal History Record Name File conducted from an SP-167 form. |
| COMBINATION CRIMINAL HISTORY/SEX OFFENDER REGISTRY | \$20.00 for a COMBINATION criminal history record name search conducted from an SP-167 Criminal History Record Name Search AND SP-266 Sex Offender and Crimes Against Minors name search. NOTE: The SP-167 and SP-266 must be submitted attached together to receive the reduced price. |
| COMPLETE SEX OFFENDER REGISTRY | \$15.00 per search of the Sex Offender Registry only through the submission of an SP-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 search conducted from an SP-167 Criminal History Record Name Search form AND SP-266 Sex Offender and Crimes Against Minors name search IF the purpose of the search is for volunteering services for a non-profit organization. NOTE: The SP-167 and SP-266 must be submitted together attached to documentation explaining the purpose of the search is for volunteering services for a non-profit organization. |
| NON-PROFIT ORGANIZATION COMPLETE SEX OFFENDER | \$8.00 for each name search of the Sex Offender Registry conducted for individuals affiliated with a non-profit organization or volunteering their services for same. Documentation required that the individual represents a non-profit organization will be required to be attached to an SP-266 form as entitlement to the reduced cost. Include in the documentation the name of the organization, address and the tax-exempt identification number of the organization. |