SP 230 (Rev. 7-01-07)

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

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

PURPOSE OF THIS REQUEST (Check only one):

- [x] CHILD DAY CARE
- [ ] DOMESTIC ADOPTION
- [ ] ADULT DAY CARE OR ADULT CARE RESIDENCE
- [ ] NURSING HOME OR HOME HEALTH
- [ ] COUNTY/CITY PUBLIC SCHOOLS
- [ ] INTERNATIONAL ADOPTION
- [ ] FOSTER CARE
- [ ] EMPLOYMENT
- [ ] OTHER (Please Specify) _____

NAME TO BE SEARCHED:

LAST NAME	FIRST NAME	MIDDLE NAME	MAIDEN NAME

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

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: Amy Stutt Printed Name: Amy Stutt

NAME AND MAILING ADDRESS OF AGENCY, INDIVIDUAL OR AUTHORIZED AGENT MAKING REQUEST:

Mail Reply To:

N
A
A
C
Child and Family Connection
312 Waller Mill Road
Suite 500
Williamsburg, VA 23185
Attn: Amy Stutt
ODE

FEES FOR SERVICE:

FEES:

- [ ] $15.00 CRIMINAL HISTORY SEARCH
- [x] $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