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):**

- [x] 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: Spring-Mar Cooperative Preschool
ATTENTION: Director
ADDRESS: 10125 Lakehaven Ct
CITY: Burke STATE: VA ZIP CODE: 22015

**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
- [x] $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: [redacted] OR [redacted]
- [redacted]
- [redacted]
- [redacted]
- [x] Certified Check or Money Order (attached, payable to Virginia State Police)
- [ ] Virginia State Police Charge Account Number: _____

**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

Purpose code:
- [ ] C
- [ ] N
- [ ] O

Date _____ By CCRE/ _____