

**CRIMINAL HISTORY RECORD NAME SEARCH REQUEST**

**PURPOSE OF THIS REQUEST (Check only one):**

ADOPTION-DOMESTIC \_\_\_\_\_ ADOPTION-INTERNATIONAL COUNTRY: \_\_\_\_\_

VISA (INTERNATIONAL TRAVEL)  OTHER (please specify): **Britepaths, Inc. staff**

**NAME INFORMATION TO BE SEARCHED:**

LAST NAME FIRST NAME MIDDLE NAME MAIDEN NAME

<u>SEX</u>	<u>DATE OF BIRTH</u> / / (MM/DD/YYYY)	<u>SOCIAL SECURITY NUMBER</u>
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**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 \_\_\_\_ My registration # is: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public

**SIGNATURE OF PERSON MAKING REQUEST:**

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 \_\_\_\_\_; County/City of \_\_\_\_\_, to wit: Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

My Commission expires \_\_\_\_\_, 20 \_\_\_\_ My registration # is: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public

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

Mail Reply To:

<u>NAME</u> Britepaths, Inc.	
<u>ATTENTION</u> Lisa Whetzel	
<u>ADDRESS</u> 4080 Chain Bridge Rd.	
<u>CITY</u> Fairfax VA 22030	<u>STATE</u> <u>ZIP CODE</u>

**FEES FOR SERVICE:**

FEES:	* FEES For Volunteers with Non-Profit Organizations:
\$15.00 CRIMINAL HISTORY SEARCH	\$8.00 CRIMINAL HISTORY SEARCH
\$20.00 COMBINATION CRIMINAL HISTORY & SEX OFFENDER 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)**

Business or Certified Check or Money Order (payable to Virginia State Police)

Charge Card      MasterCard      OR      Visa  
 Account Number:      -      -      -  
 Expiration Date:      /  
 Signature of Cardholder: \_\_\_\_\_

Virginia State Police Charge Account Number: \_\_\_\_\_

**Mail Request To:**

Virginia State Police  
 Central Criminal Records Exchange - NF  
 P.O. Box 85076  
 Richmond, Virginia 23261-5076

ATTN: NEW FORM

**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.

- |   |  |               |   |
|---|--|---------------|---|
| <input type="checkbox"/> No Conviction Data – Does Not Preclude the Existence of an Arrest Record | <input type="checkbox"/> No Criminal Record – Fingerprint Search | Purpose code: | C |
| <input type="checkbox"/> No Criminal Record – Name Search Only                                    | <input type="checkbox"/> Criminal Record Attached                |               | N |
| <input type="checkbox"/> No Sex Offender Registration Record                                      |  |               | O |

Date \_\_\_\_\_ By CCRE/

