SP-266 (Rev. 11-01-2010)

SEX OFFENDER & CRIMES AGAINST MINORS NAME SEARCH REQUEST FORM

This form is used for requesting information from the "Sex Offender and Crimes Against Minors Registry" as maintained by the Central Criminal Records Exchange (CCRE).

Section 9.1-912, Code of Virginia, authorizes dissemination of the Sex Offender and Crimes Against Minors Registry information for screening of employees and volunteers, protection of the public in general and children in particular. Please check the appropriate block to indicate the purpose of the search. The results of this search will indicate if an individual is registered for conviction(s) of the following crimes, including substantially similar out-of-state convictions(s) if maintained in the Registry, pursuant to Section 9.1-902.

Unlawful use of the information for purposes of intimidating or harassing another is prohibited and is punishable as a Class 1 Misdemeanor.

PURPOSE OF THIS REQUEST (Check only one):

☐ Child or Adult Care ☐ Daycare Services ☐ Volunteer Services ☐ Employment

☐ Child Minding ☐ Child Protection ☐ Public Protection

THE CENTRAL CRIMINAL RECORDS EXCHANGE WILL CONDUCT A NAME SEARCH OF THE SEX OFFENDER AND CRIMES AGAINST MINORS REGISTRY USING NAME DATA PROVIDED BY THE REQUESTOR.

Providing the social security number is voluntary; however, it is a screening tool that is used for this request to be processed in a more timely manner. Failure to provide this number may result in an inability to process this request due to multiple records with similar names and demographics. Without this additional identifier, the form may be returned to the requestor unprocessed, and the applicant will be required to submit a set of fingerprints along with this request form to determine if this applicant has a criminal record. Numbers provided will be used to help identify the proper record and will be used for no other purpose.

LAST NAME	FIRST NAME	MIDDLE NAME	MAIDEN NAME

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

SEARCH RESULTS WILL BE CHECKED AND RETURNED TO REQUESTOR AT ADDRESS RECORDED BELOW:

Mail Reply To:

NAME	
ATTENTION	
ADDRESS	
CITY STATE ZIP	

FEES FOR SERVICE:

☐ $15.00 ☐ $8.00 For Volunteers with Non-Profit Organizations*

* 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.

Effective November 1, 2010, the public is hereby placed upon notice that returned checks or dishonored money orders and/or credit card payment denials will incur a handling fee of $50 in addition to the amount of the original payment. Requesting goods or services will be deemed to be acceptance of these terms. Code of Virginia §2.2-4805.

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
P.O. Box 85076
Richmond, Virginia 23261-5076

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 Sex Offender Registration Record ☐ Sex Offender Registration Record Attached

Date _____ By CCRE/ _____