Office of Background Investigations - Search Unit 801 East Main Street, 6th Floor, Richmond, VA 23219-2901

Search Fee \$10.00

Purpose of Search, Check one: ☐ Adam Walsh Law ☐ Adoptive Parent ☐ Babysitter/Family Day Care												
☐ CASA ☐ Children's Residential Facility ☐ Custody Evaluation ☐ Day Care Center ☐ Foster Parent												
☐ Institutional Employee ☐ Other Employment ☐ School Personnel ☐ Volunteer ☐ Other MAIL SEARCH RESULTS TO: Agency, Individual or Authorized Agent Requesting Search												
Downwalfine Code												
Name								(Use only if assigned by O8I-CRU)				
Address												
City	S	tate	Zip									
Contact Name	Tel.#			Ext -			Mandatory if agency code				cv code	
Contact E-Mail					has been assigned							
PART I: DETAILS OF INDIVIDUAL WHOSE NAME MUST 8E SEARCHED												
Last Name	First Name							e Name - (given at birth) - No initials ame is an initial, indicate "Initial Only")				
		-			<u> </u>					_		
Maiden Name (last name before marriage)		Sex			Date of Birth (MM/DD/YY			/YYYY	()	Race		
	☐ Male ☐ Female											
Driver's License Number or ID #		Social Security Number			Other names used; nickname				ies, legal n	ames (r	efer to	o instruction page)
Current Address (Include Stree	et # and Apt #)				City				State Zip			
Applicant's Prior Addre	esses								I	1		
Include Street # and Apt #		City			State	Zip	ip Start Date (MM/YY) End Date			nd Date (MM/YY)		
											+	
Marital Status ☐ Single ☐ If married, list current spouse.	_	_			ou hav	ve neve	er been m	arried	, write 'N/A	Α'.		
Last Name	1		Full Middle Name (given at birth)			n Name Race			Sex			Date of Birth (MM/DD/YYYY)
			,						☐ Male	e 🗌 Fei	male	
									☐ Male	e 🗌 Fei	male	
									☐ Male	e 🗌 Fei	male	
List all of your children	. If you have i				ult ch	nildren	, step an	nd fos	ter childre	en not	iving	with you.
Last Name First Name		Full Middle Name (given at birth)			Relationship			Sex			Date of Birth (MM/DD/YYYY)	
									Male Female			
									☐ Mal	e	male	
									☐ Mal	e 🔲 Fe	male	



Central Registry Release of Information Form

Search Fee \$10.00

PART II: CERTIFICATION AND CONSENT FOR RELEASE OF INFORMATION

I hereby certify that the information contained on this form is true, correct and complete to the best of my knowledge. Pursuant to Section 2.2-3806 of the *Code of Virginia*, I authorize the release of personal information regarding me which has been maintained by either the Virginia Department of Social Services or any local department of social services which is related to any disposition of founded child abuse/neglect in which I am identified as responsible for such abuse/neglect. I have provided proof of my identity to the Notary Public prior to signing this in his/her presence.

Signature of person whose name is being searched	– Parent or Guardi	an signature required forminor
(Sign in presence of Notary)	children under th	e age of 18
PART III: CERTIFICATE OF	ACKNOWLEDGEMENT O	F INDIVIDUAL
City/County of		
Commonwealth/State of		<u></u>
Acknowledged before me this day of		_
Notary Public Signature No	otary Number	_
My Commission Expires:	-	Notary Seal
PART IV: CENTRAL REGISTRY FINDING		
We are unable to determine at this time if the individu Registry. Please answer the following questions and determination:		
Worker:	Date:	
2 Based on information provided by the Local D	epartment of Social Service	es, we have determined that
founded disposition of child abuse/neglect. For more de		se/Neglect Central Registry with a the
Dept. of Social Services in re	eference to referral	phone#
Dept. of Social Services in re	eference to referral	phone#
3. As of this date, based on the information providentified in the Central Registry of Child Abuse/Negled		name was being searched is NOT
Signature of worker completing search: OBI St	aff Only	Date: