

**CRIMINAL HISTORY RECORD NAME & SEX OFFENDER SEARCH REQUEST
FOR CONTRACTORS, VOLUNTEERS, STUDENTS & ANY INDIVIDUAL OVER THE AGE OF 18
LIVING WITHIN A SPONSORED RESIDENTIAL HOME WHO HAS A DEMONSTRATED DISABILITY**

INSTRUCTIONS FOR COMPLETING FORM BIUSP-167

1. Print clearly all sections of the request form. Enter N/A in sections where information is not applicable.
2. Section 1 is to be completed by the contractor, volunteer, student or any individual over the age of 18 living within a sponsored residential home who has a demonstrated disability for whom the request is to be conducted as follows:
 - Last Name, First Name & Middle Name – Enter full name, no initials
 - Suffix – Sr., Jr., I, II or III
 - Aliases – Former married name(s), maiden name, pen name(s), spiritual name(s), etc.
 - Sex – Male or Female
 - Race – B (Black), W (White), A (Asian) or I (Indian) ~ **there is no Hispanic code**
 - Date of Birth – Month, day and year born
 - Place of Birth – County or City (if USA state)
 - Place of Birth – State or Country of birth
 - Social Security Number – Enter dashes
 - Individual Status – In what capacity is the individual serving at the provider
3. Section 1.A. **must be** signed by the contractor, volunteer, student or any individual over the age of 18 living within a sponsored residential home that has a demonstrated disability for which the request is to be conducted. The signature **must be** notarized to provide consent for the search to be conducted.
4. Section 1.B. is to be completed and signed by the contractor, volunteer, student or any individual over the age of 18 living within a sponsored residential home that has a demonstrated disability for which the request is to be conducted.
5. Section 2. is to be completed by the licensed private provider making the request. This section **must be completed** in order to receive the processed criminal record search.
6. Section 2.A. **must be** signed by the authorized provider contact person to receive the search results. The signature **must be** notarized to provide consent for the search to be conducted.
7. The provider should read and note all information in Section 2.B.
8. Form BIUSP-167 should be completed and mailed to the address specified in Section 3. No personal checks are accepted for submission of form BIUSP-167, only certified check/money order or organizational checks. All checks/money orders must be made payable to the "TREASURER OF VA" and for the total number of searches submitted.
9. Section 4. will be completed by the Background Investigations Unit. **DO NOT MARK IN THIS AREA.**

IMPORTANT: SUBMIT ORIGINAL TO BIU; MAKE A COPY FOR YOUR FILE (PROVIDER). ONCE THE SEARCH IS COMPLETED, THE ORIGINAL WILL BE RETURNED TO YOU (PROVIDER) WITH THE FINDINGS. UPON RECEIPT, STAPLE THE ORIGINAL (WITH THE FINDINGS) TO THE COPY AND FILE.

**CRIMINAL HISTORY RECORD NAME & SEX OFFENDER SEARCH REQUEST
FOR CONTRACTORS, VOLUNTEERS, STUDENTS & ANY INDIVIDUAL OVER THE AGE OF 18 LIVING WITHIN A
SPONSORED RESIDENTIAL HOME WHO HAS A DEMONSTRATED DISABILITY**

Section 1. INFORMATION TO BE SEARCHED – PRINT ONLY			
LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
MAIDEN NAME		SEX	RACE
			DATE OF BIRTH
PLACE OF BIRTH – County or City	PLACE OF BIRTH – State or Country	SOCIAL SECURITY NUMBER	

Section 1. A. 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 sex offender data and report the results of such search to the Licensed Private Provider authorized in this document to receive the information.

Signature of Person

State of _____; County/City of _____; to wit:

Subscribed and sworn to before me this _____ day of _____, 20____. My commission expires _____ 20____.

Signature of Notary Public

Section 1. B. DISCLOSURE STATEMENT

In Virginia or any other location:
Have you ever been or are the subject of a founded complaint of child abuse or neglect?
 No Yes: If yes, please list all cases and explain.

Have you ever been convicted* of or are you the subject of pending charges for any offense, including moving traffic violations, but excluding offenses committed before your eighteenth birthday which were finally adjudicated in a juvenile court or under a youth offender law?
 No Yes: If yes, please list all cases and explain.

Convictions include all adult convictions as well as Virginia juvenile adjudication's for the following, Capital Murder, First and Second Degree Murder, Lynching, or Aggravated Malicious Wounding, if you were age fourteen (14) to eighteen (18) when charged.

*If convicted of misdemeanor assault & battery were any of these convictions committed while employed in a direct consumer care position?
 No Yes

I hereby certify that all entries on this disclosure statement are true and complete. I agree and understand that: (1) any falsification of the information provided, regardless of the time of discovery, may result in termination of my services; and (2) the information on this disclosure statement is subject to verification.

Signature

Date

