

Department of Behavioral Health and Developmental Services (DBHDS)

**CRIMINAL BACKGROUND INVESTIGATION REQUEST
CHECKLIST**

- One checklist per request packet.
- DBHDS Background Investigations Unit (BIU) issued fingerprint cards used.

❖ Fingerprint card(s) complete. This includes:

Applicant's Information:

- Legible Last, First and Middle Name
- Signature of applicant
- Applicant's address
- Descriptive items completed (sex, race, hgt, wgt, eyes & hair)
- Date of Birth
- Place of Birth – State or Country (if not United States)
- Social Security Number

Employer's Information:

- Provider name and address
- Provider number – OCA
- Fingerprint card(s) are **not folded or stapled**

❖ Attachments and/or Forms

Attachments 3 & 5 (if applicable)

- Originals (*Rev. 10/16*)
- All sections are complete and legible
- Stapled, in order
- Provider copies made.

Forms #006 & #007 (if applicable)

- Originals (*Rev. 10/16*)
- All sections are complete and legible
- Stapled, in order
- Provider copies made.

- Fingerprint card(s) are paper clipped to attachments 3 & 5 or forms #006 & #007; whichever is applicable.
- Organizational check or money order is made payable to the **Treasurer of Virginia** and is for the correct amount of \$48 per applicant (preferably one check per packet \$48 x # of requests), unless sending in different types of request (i.e. Applicant, Sponsored Residential, etc.).
- Check date is current or less than 90 days old per DBHDS Fiscal requirements.
- Check is signed.

I hereby submit the enclosed Criminal Background Investigation Request packet and certify that all of the above items have been checked and are complete. **If the request packet is incorrect, it will be returned to me and I maybe charged an additional \$13 administrative fee.**

Completed by: _____ Date: _____
(please print)

Provider Name: _____ Provider #: _____