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. <u>Print</u> clearly all sections of the request form. Enter <u>N/A</u> in sections where information is not applicable.
- 2. <u>Section 1</u> 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. <u>Section 1.A.</u> **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. <u>Section 1.B.</u> 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. <u>Section 2.</u> 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. <u>Section 2.A.</u> **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 <u>Section 2.B.</u>
- 8. Form BIUSP-167 should be completed and mailed to the address specified in <u>Section 3.</u> 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. <u>Section 4.</u> will be completed by the Background Investigations Unit. <u>DO NOT MARK IN THIS AREA.</u>

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.

Rev. 07/19 BIUSP-167

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Section 1.	INF	ORMATION TO BE SEAR	CHED - PRIN	T ONLY					
LAST NAME	FIRST NAME		MIDDLE NAME			SUFFIX			
MAIDEN NAME			SEX	RACE	DATE	OF BIRTH			
			_						
PLACE OF BIRTH – County or City PLACE OF BIRTH –			te or Country SOCIAL SECURITY NUMBER						
Section 1. A. AFFIDAVIT FOR RELEASE OF INFORMATION									
occion i. A.	,	ATTIDAVITTON NELLAGI		411014					
I hereby give consent and authorize	the Virgi	nia Stata Balian to aparah tha	files of the Contr	ol Criminal Bas	ordo Evobon	no for a priminal			
history record and sex offender data									
to receive the information.	and rep	of the results of such search	to the Licensea i	iivate i iovidei	authorized in	tilis document			
	Signature of Person								
State of		: County/City of				· to wit·			
State of		, County/City of				, to wit.			
Subscribed and sworn to before me	this	day of,	20 My com	mission expires	.	20			
		Signatur	e of Notary Publi	ic					
		Gignatar	o or rectary r don						
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	0.00.1011	the cubicat of ponding shares	o for any offense	including may	ing troffic viol	otiona but			
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 <u>all</u> adult convictions <u>as well as</u> 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.									
						umer care			
*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				
5									

Section 2. LICENSED PRIVATE PROVIDER MAKING REQUEST									
PROVIDER BUSINESS NAME & NUMBER (3 or 4 digit)			Individual Status (check one)						
CONTACT PERSON & TELEPHONE NUMBER			☐ Contractor ☐ Intern						
ADDRESS			☐ Student ☐ Volunteer						
ADDRESS			☐ Sponsored Residential Applicant						
CITY ST	ATE Z	P CODE	Individual*						
		*Pt	nysician's documentation recei	ved?					
Section 2. A. NOTICE OF CONSENT									
As provided in Section 19.2-389, Code of Virginia, I hereby request the criminal history record and sex offender search of the individual named in Section 1 and swear to 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 Provider Contact								
State of	; County/City of			; to wit:					
Subscribed and sworn to before i	me this day of	, 20 1	My commission expires	20					
Signature of Notary Public									
Section 2. B.		OF RESPONSE							
Response based on comparison of name information submitted in request against a master name index maintained in the Central Criminal Records Exchange only.									
Should the applicant become a " new hire " a complete fingerprint criminal history investigation is required by law (§37.2-416, Code of Virginia) and should be completed and submitted to BIU within fifteen business days.									
Section 3.	PROCESSING FEE &	MAILING INFOR	RMATION						
MAIL REQUEST TO:	☐ \$25 CO	MBINATION CRIMI	NAL HISTORY & SEX OFFENDI	ER SEARCHES					
DBHDS BACKGROUND INVESTIGATIO	NS UNIT Pay By: Certified Check/Money Order or Organizational Check Payable to								
P.O. BOX 1797 RICHMOND, VIRGINIA 23218-1	"TREASURER OF VA"								
*Onlining lie to be authorited to	DIU. Danidan	1 0.00.	iai oncono noi ricopica						
*Original is to be submitted to to keep copy. Original will be a Provider once search is complete.	returned to								
Section 4. THIS SECTION TO BE COMPLETED BY BACKGROUND INVESTIGATIONS UNIT ONLY.									
Date Entered	Date Accepted by NCJI		Data Entered by (Initials)						
CENTRAL CRIMINAL RECORDS EXCHANGE FINDINGS									
 No Conviction Data – Does Not Preclude the Existence of an Arrest Record. No Criminal Record – Name Search Only No Sex Offender Record – Name Search Only Criminal Record Attached Criminal Record Attached (Barrier Crime Listed ~ Licensing Specialist Notified) 									
Search Completed by BIU Representative			Date Completed						