

**CRIMINAL HISTORY RECORD NAME & SEX OFFENDER SEARCH REQUEST  
FOR 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 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 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 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.**

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<b>Section 1. INFORMATION TO BE SEARCHED – PRINT ONLY</b>			
LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
MAIDEN NAME		SEX	RACE
DATE OF BIRTH		SOCIAL SECURITY NUMBER	
PLACE OF BIRTH – County or City	PLACE OF BIRTH – State or Country	SOCIAL SECURITY NUMBER	
<b>Section 1. A. AFFIDAVIT FOR RELEASE OF INFORMATION</b>			
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			
<b>Section 1. B. DISCLOSURE STATEMENT</b>			
In Virginia or any other location: Have you ever been or are the subject of a founded complaint of child abuse or neglect? <input type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> No <input type="checkbox"/> Yes: If yes, please list all cases and explain.			
<b>Convictions include <u>all</u> 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.</b>			
*If convicted of misdemeanor assault & battery were any of these convictions committed while employed in a direct consumer care position? <input type="checkbox"/> No <input type="checkbox"/> 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	

**Section 2. LICENSED PRIVATE PROVIDER MAKING REQUEST**

<b>PROVIDER BUSINESS NAME &amp; NUMBER (3 or 4 digit)</b>	<b>Individual Status (check one)</b> <input type="checkbox"/> Intern <input type="checkbox"/> Student <input type="checkbox"/> Volunteer  <input type="checkbox"/> Sponsored Residential Applicant Individual*  *Physician's documentation received. <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>CONTACT PERSON &amp; TELEPHONE NUMBER</b>	
<b>ADDRESS</b>	
<b>CITY                      STATE                      ZIP CODE</b>	

**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 me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. My commission expires \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

**Section 2. B. NOTICE 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 INFORMATION**

<b>MAIL REQUEST TO:</b> DBHDS BACKGROUND INVESTIGATIONS UNIT P.O. BOX 1797 RICHMOND, VIRGINIA 23218-1797	<input type="checkbox"/> \$25 COMBINATION CRIMINAL HISTORY & SEX OFFENDER SEARCHES  Pay By: Certified Check/Money Order or Organizational Check Payable to “TREASURER OF VA” <b>*Personal Checks Not Accepted*</b>
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**\*Original is to be submitted to BIU; Provider to keep copy. Original will be returned to Provider once search is complete.**

**Section 4. THIS SECTION TO BE COMPLETED BY BACKGROUND INVESTIGATIONS UNIT ONLY.**

Date Entered		Date Accepted by NCJI		Data Entered by (Initials)	
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**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	
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