

**Search Fee \$10.00**

## INSTRUCTIONS

### Purpose

The Virginia Child Abuse and Neglect Central Registry is mandated by the Virginia Child Protective Law and contains the names of individuals identified as an abuser or neglector in founded child abuse and/or neglect investigations conducted in the state of Virginia. The findings are made by Child Protective Services staff in local departments of social services and are maintained by the Virginia Department of Social Services. Legal mandates for the Virginia Department of Social Services to provide a Central Registry and a mechanism for conducting searches of the registry are found in § 63.2-1515 of the Code Virginia.

### **Read all instructions before completing the form: (Incomplete forms will be returned)**

1. Answer all questions completely and accurately by printing clearly in black ink or typing your answers. Failure to complete or print clearly may delay or deny your request. Given the nature of the form and the actions to be taken when received, the **Office of Background Investigations shall not accept forms that have been altered in any fashion.** Forms that contain strike outs, correction tape or white-out will be returned.
2. If a middle name is an initial, indicate "initial only" otherwise, enter a full middle name given at birth.
3. For "other names used" list all previous names; nick names, all previous married names, legal name changes, changes due to adoption, etc. Circle appropriate title description on the form.
4. If the answer to any question is none, write "N/A".
5. Sign the Central Registry Release of Information Form in the presence of an official Notary Public. Each request form must be notarized. Only original signatures will be accepted. No copies of the form will be accepted.
6. A \$10.00 fee is charged for each search. Payment must accompany search forms. Only money orders, company/business checks, or cashier checks will be accepted. (If multiple requests are mailed together, payment may be combined on in one money order, company/business check, or cashier's check. (ex. 4 requests at \$10.00 each will total \$40.00). A \$50 fee will be charged for all returned checks.)  
  
All money orders, company/business checks, or cashier checks should be made payable to:  
Virginia Department of Social Services.  
  
**Personal checks and cash will not be accepted.**
7. For agencies and facilities that require several searches per year, an agency code will be assigned to expedite processing of the search requests.
8. If additional space is needed to complete the form (ie. providing information on addresses, spouses, and children) attach an 8x11 sheet sheet of paper along with your form to be mailed.
9. Search results are not transferable and are not considered official beyond the requesting agency or individual.

Mail your completed form and additional sheets (if used) to:

Office of Clinical Experiences  
Education Bldg. Suite 1107  
Old Dominion University  
Norfolk, VA 23529

it **Ignore STEP 10 - BRING ALL  
(BACKGROUND CHECK DOCUMENTS TO  
OUR OFFICE. THIS ALLOWS US TO  
TRACK AND FOLLOW UP ON YOUR  
DOCUMENTS. ~OFFICE OF CLINICAL  
EXPERIENCES**



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**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**

<b>Name</b> Old Dominion University, Office of Clinical Experiences	<b>Payment/FIPS Code</b> (Use only if assigned by OBI-CRU)
<b>Address</b> Education Building, Suite 1007	
<b>City</b> Norfolk <b>State</b> VA <b>Zip</b> 23529	
<b>Contact Name</b> Dr. Jennifer Collins <b>Tel.#</b> 7576833348 <b>Ext</b>	
<b>Contact E-Mail</b> oce@odu.edu	<b>Mandatory if agency code has been assigned</b>

**PART I: DETAILS OF INDIVIDUAL WHOSE NAME MUST BE SEARCHED**

<b>Last Name</b>	<b>First Name</b>	<b>Full Middle Name – (given at birth) - No initials</b> (if middle name is an initial, indicate "Initial Only")	
Your Last Name	Your First Name	Your Middle Name - NVM, if no Middle Name	
<b>Maiden Name (last name before marriage)</b>	<b>Sex</b>	<b>Date of Birth (MM/DD/YYYY)</b>	<b>Race</b>
Your Maiden Name	<input type="checkbox"/> Male <input type="checkbox"/> Female	Your Date of Birth	Your Race
<b>Driver's License Number or ID #</b>	<b>Social Security Number</b>	<b>Other names used; nicknames, legal names (refer to instruction page)</b>	
Your Driver's License #	Your SS#	Write any other names you have used	
<b>Current Address (Include Street # and Apt #)</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Your Current Address	Your Current City	Your Current State	Your Current Zip

**Applicant's Prior Addresses** (Please go back ten years)

Include Street # and Apt #	City	State	Zip	Start Date (MM/YY)	End Date (MM/YY)
Include any other addresses within the last 10 years					

**Marital Status**  Single  Married  Divorced  Widowed  Partner

If married, list current spouse. If previously married, list all previous spouses. If you have never been married, write 'N/A'.

Last Name	First Name	Full Middle Name (given at birth)	Maiden Name	Race	Sex	Date of Birth (MM/DD/YYYY)
Complete as applicable					<input type="checkbox"/> Male <input type="checkbox"/> Female	
					<input type="checkbox"/> Male <input type="checkbox"/> Female	
					<input type="checkbox"/> Male <input type="checkbox"/> Female	

**List all of your children.** If you have none, write 'N/A'. Include all adult children, step and foster children not living with you.

Last Name	First Name	Full Middle Name (given at birth)	Relationship	Sex	Date of Birth (MM/DD/YYYY)
Complete as Applicable				<input type="checkbox"/> Male <input type="checkbox"/> Female	
				<input type="checkbox"/> Male <input type="checkbox"/> Female	
				<input type="checkbox"/> Male <input type="checkbox"/> Female	



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**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  
 (Sign in presence of Notary)

\_\_\_\_\_  
 Parent or Guardian signature required for minor children under the age of 18

**PART III: CERTIFICATE OF ACKNOWLEDGEMENT OF INDIVIDUAL**

City/County of \_\_\_\_\_  
 Commonwealth/State of \_\_\_\_\_  
 Acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, year \_\_\_\_\_

\_\_\_\_\_  
**Notary Public Signature**                      **Notary Number**  
 My Commission Expires: \_\_\_\_\_                      Notary Seal

**PART IV: CENTRAL REGISTRY FINDINGS – COMPLETED BY CENTRAL REGISTRY STAFF ONLY**

1. We are unable to determine at this time if the individual for whom a search has been requested is listed in the Central Registry. Please answer the following questions and return to the Central Registry Unit in order for us to make a determination:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Worker: \_\_\_\_\_ Date: \_\_\_\_\_

2. \_\_\_\_ Based on information provided by the Local Department of Social Services, we have determined that \_\_\_\_\_ is listed in the Child Abuse/Neglect Central Registry with a founded disposition of child abuse/neglect. For more detailed information, contact the \_\_\_\_\_ Dept. of Social Services in reference to referral \_\_\_\_\_ phone# \_\_\_\_\_  
 \_\_\_\_\_ Dept. of Social Services in reference to referral \_\_\_\_\_ phone# \_\_\_\_\_

3. \_\_\_\_ As of this date, based on the information provided, the individual whose name was being searched is NOT identified in the Central Registry of Child Abuse/Neglect.  
 Signature of worker completing search: \_\_\_\_\_ Date: \_\_\_\_\_  
 OBI Staff Only