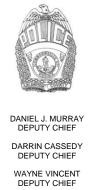


ARLINGTON COUNTY POLICE DEPARTMENT

ARLINGTON COUNTY COURTHOUSE 1425 NORTH COURTHOUSE ROAD ARLINGTON, VA 22201

PHONE (703) 228-4292 ACPDrecords@arlingtonva.us



Instructions for Requesting a Criminal History Record by Mail or In Person (Individual)

| 1. | Comple | ete Criminai History Record Information Form. |
|--------|-----------|--|
| | | By mail requests, CHRI Form must be notarized (see page 3) |
| | | Complete first three lines of CHRI Form (page 2) |
| | | • If you have used any additional names, please include these in the AKA/Maiden block. |
| | | • In the address block, put your current address. |
| | | • Include your social security number and Driver's License number (if you have one). |
| | | • Choose a Type of Request. If this request is related to an immigration, choose "Visa |
| | | Application". All other requests by an individual should be "Individual". |
| | | Sign and Date |
| 2. | Include | e a photocopy of valid photo ID. Expired forms of ID will not be accepted. |
| | (Accept | table ID listed below – Choose One) |
| | | U.S. or Foreign Passport |
| | | U.S. Driver's License or DMV Identification Card |
| | | U.S. Military Identification Card |
| 3. | There i | is a \$10.00 charge for CHRI. |
| | | In Person – Cash or Debit/Credit Card |
| | | By Mail - Money Order/Cashier's Check payable to Treasurer of Arlington County |
| | | Mailed to Arlington County Police Department |
| | | Attn: Police Records |
| | | 1425 North Courthouse Road |
| | | Arlington, Virginia 22201 |
| If the | request i | is not signed, dated, notarized (mail only), and a copy of a photo ID is not included, your request will not be processed. |

** Criminal History Records are not public information**

Upon receipt, please allow five to seven business days for completion of request. If the instructions for filling out the form are not followed, the form will be returned to you for completion. For a Letter of Destruction from General

District Court, please include that request (on a separate note) with your record check.



Criminal History Record Information Request (Solicitud de Información de Antecedentes Criminales)

Conviction Data Request (Solicitud de Datos de Convicción)



Arlington County Police Department. Arlington, Virginia

| Last Name, First Name, Middle Name (Apellido, Primer Nombre, Segundo Nombre) | Race (Raza) | Sex (Sexo) | Date of Birth (Fecha de Nacin | | Place of Birth (Lugar de Nacimiento) |
|--|--|---|----------------------------------|----------|--|
| AKA / Maiden (Alias) | | Other D.O.B. | used | | l Security Number ero de Seguro Social) |
| Address (Dirección) | | Driver's Lice (Numero de Lice | | Othe | r S.S.N. used |
| This request is made in accordance with Title 19.2, Ch this information shall be guilty of a Class 2 misdemean noncriminal justice agency or individual if an interval has been recorded, and no active prosecution of the ch | nor. No disse l of one year | mination of a cr has elapsed from | iminal history | record | d will be made to a |
| This department allows individuals, per Virginia Code purposes only. Employers, prospective employers, or authorized by a state or federal statute or an executive | their agents o | can not receive c | riminal histor | y recoi | rd information unless |
| For the purpose of ascertaining its completeness/accur concerning me maintained in the files of The Arlingto | | | | minal l | history information |
| I understand the provisions of §9.1-136 Code of Virgin obtains, or seeks to obtain criminal history record info disseminates or seeks to disseminate criminal history chapter 23 of Title 19.2, shall be guilty of a Class 2 mis | nia which sta ormation und record infort | tes: "Any person der false pretens nation to any ag | ns who willful es, or who wil | lfully a | nd intentionally |
| Type of Request | Signatur | re of Requester (| Firma) | | |
| Individual Visa Application | Date of I | Request (Fecha d | e Solicitud) | | |
| | | | | | |
| Please do not fill out below. ACPD use only. | | | | | |
| Released By: | | | | | |

Date:

Notary Acknowledgment

| State/Commonwealt | h of) | | |
|----------------------|---|-----------------------------------|--|
| County | v of) | | |
| | personally appearedPersonally Known Produced Identification | (Notary) , (Requester) | |
| Signature of Notary_ | | Signature of Requester (Firma) | |
| Date Signed | | Date(Fecha) | |
| Notary Stamp/Seal _ | | _ | |

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.