

# Virginia Department of Social Services/Child Protective Services Central Registry Release of Information Form

**Part I: INSTRUCTIONS - Read all instructions before completing form: Incomplete forms will be returned.**

1. Type or print legibly in ink. Indicate N/A if a question is not applicable
  2. Submit a separate form for each individual whose name is to be searched. MUST USE THIS FORM BEGINNING 11/01/09
  3. Provide proof of identity and sign Part III in the presence of a Notary Public.
  4. **Enclose a \$7.00** money order, company /business check or cashiers check payable to: **Virginia Department of Social Services** (unless waived) **DO NOT SEND CASH or PERSONAL CHECKS.** This fee is nonrefundable. \$25 will be charged for checks returned for insufficient funds.
  5. Search results disseminated beyond the requesting agency/individual named below are not considered official.
  6. Mail completed form to: **VA Dept. of Social Services, 801 East Main St, 6th floor, OBI Search Unit, Richmond VA 23219-3301**
- MAIL SEARCH RESULTS TO: Agency, Individual or Authorized Agent Requesting Search**

<b>Name</b> Gloucester County Human Resources Dept. <hr/> <b>Address:</b> 6467 Main Street <hr/> <b>City</b> Gloucester <span style="float: right;"><b>State</b> VA <b>Zip Code</b> 23061</span> <hr/> <b>Contact Person</b> Patty Andrews <span style="float: right;"><b>Contact's Phone Number</b> (804) 693-5690</span>	<b>Payment Code/ Fips Code</b> <b>(If assigned by Central Registry Unit)</b>  <p style="text-align: center; font-size: 1.2em;">#A-11734</p> <hr/> <b>Mandatory for all coded agencies</b>
---	--

- 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

**Part II: TO BE COMPLETED IN FULL, BY INDIVIDUAL WHOSE NAME IS BEING SEARCHED**

**Identifying Information for Person Being Searched:**

Last Name	First Name	Full Middle Name – no initials (if name is initial only state Initial Only)		
Maiden Name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Race	Date of Birth MM/DD/YY	Social Security Number
Driver's License Number	Other names Used by the Individual (Nicknames, previous married names, etc.)			
Current Address Street	Current Address City	Current Address State	Current Address Zip Code	
Prior Address Street	Prior Address City	Prior Address State	Prior Address Zip Code	Date of Residency
Prior Address Street	Prior Address City	Prior Address State	Prior Address Zip Code	Date of Residency
Prior Address Street	Prior Address City	Prior Address State	Prior Address Zip Code	Date of Residency

**CURRENT SPOUSE INFORMATION**  CHECK HERE IF NOT CURRENTLY MARRIED

Last Name	First Name	Full Middle Name	Maiden Name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Race	Birth Date MM/DD/YY
-----------	------------	------------------	-------------	---	------	------------------------

**ALL PREVIOUS SPOUSES**  CHECK HERE IF NOT PREVIOUSLY MARRIED

Last Name	First Name	Full Middle Name	Maiden Name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Race	Birth Date MM/DD/YY
Last Name	First Name	Full Middle Name	Maiden Name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Race	Birth Date MM/DD/YY

**Full Names of All Children:** (Include Adult Children, Step, Foster, Children Not Living with you. Attach additional paper if needed)

Check here if you do not have children

Last Name	First Name	Full Middle Name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Race	Birth Date MM/DD/YY
Last Name	First Name	Full Middle Name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Race	Birth Date MM/DD/YY
Last Name	First Name	Full Middle Name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Race	Birth Date MM/DD/YY
Last Name	First Name	Full Middle Name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Race	Birth Date MM/DD/YY
Last Name	First Name	Full Middle Name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Race	Birth Date MM/DD/YY

Virginia Department of Social Services/Child Protective Services  
Central Registry Release of Information Form

**Part III: 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 as 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 to Be Searched

\_\_\_\_\_  
Parents' Signature (Needed if child is 17 years old or younger)

**Part IV: CERTIFICATE OF ACKNOWLEDGEMENT OF INDIVIDUAL**

City/County of \_\_\_\_\_

Commonwealth/State of \_\_\_\_\_

Acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
**Notary Public Signature**

\_\_\_\_\_  
**Notary Number**

My Commission Expires: \_\_\_\_\_

Do not write below this line.

**Part V: Findings - To be completed by OBI Central Registry staff only.**

**CENTRAL REGISTRY FINDINGS**

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 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 Child Abuse/Neglect.

Signature of worker completing search: \_\_\_\_\_ Date: \_\_\_\_\_

OBI staff only