

VA Department of Social Services
 Office of Background Investigations – Search Unit
 801 East Main Street, 6th Floor, Richmond, VA 23219-2901

Central Registry Release of Information Form

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

Name Dianne King, Attorney Advisor, DC Courts	Payment/FIPS Code (Use only if assigned by OBI-CRU)
Address 616 H Street, NW, Suite 614	
City Washington State DC Zip 20001	
Contact Name Dianne King Tel.# 202-879-4261 Ext	
Contact E-Mail dianne.king@dcsc.gov	Mandatory if agency code has been assigned

PART I: DETAILS OF INDIVIDUAL WHOSE NAME MUST BE SEARCHED

Last Name	First Name	Full Birth Middle Name – no initials (if middle name is an initial, indicate "Initial Only")		
Maiden Name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (MM/DD/YYYY)	Race	
Social Security Number	Driver's License Number or ID #	Other names used (nicknames, previous married names, etc.)		
Current Address (Include Street # and Apt #)	City	State	Zip	

Applicant's Prior Addresses

Include Street # and Apt #	City	State	Zip	Start Date (MM/YY)	End Date (MM/YY)

Marital Status Single Married Divorced Widowed Paramour

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	Maiden Name	Race	Sex	Date of Birth (MM/DD/YYYY)
					<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	Relationship	Sex	Date of Birth (MM/DD/YYYY)
				<input type="checkbox"/> Male <input type="checkbox"/> Female	
				<input type="checkbox"/> Male <input type="checkbox"/> Female	
				<input type="checkbox"/> Male <input type="checkbox"/> Female	





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



City/County of _____
Commonwealth/State of _____
Acknowledged before me this ____ day of _____, year _____

Notary Public Signature **Notary Number**
My Commission Expires: _____



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