

Purpose of Search, Check: Volunteer

MAIL SEARCH RESULTS TO: Agency, Individual or Authorized Agent Requesting Search

Name	DEPARTMENT OF NEIGHBORHOOD AND COMMUNITY SERVICES			Payment/FIPS Code (Use only if assigned by OBI-CRU) B10192		
Address	12011 GOVERNMENT CENTER PARKWAY, 10 TH Floor					
City	FAIRFAX	State	VA		Zip	22035
Contact Name	VICKI GREENE	Tel.#	703-324-5504		Ext.	
Contact E-Mail	vicki.greene@fairfaxcounty.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	Date of Birth (MM/DD/YYYY)	Race		
	<input type="checkbox"/> Male <input type="checkbox"/> Female				
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

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	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	



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: _____

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