CR-2 rev. 09/07/2007

RICHMOND POLICE DEPARTMENT
NON-REPORTABLE MISDEMEANOR CONVICTION HISTORY

This is NOT a complete Criminal History Record

This local Criminal History name search report includes **only** those misdemeanor convictions after 1985 which are not reportable to State Police. It does **NOT** include felonies or reportable misdemeanor convictions. For a complete Criminal History Record, contact the VIRGINIA STATE POLICE.

To request by mail, address to:

City of Richmond, Police Department
Central Records Unit
200 W. Grace Street
Richmond, VA 23220-5018

If mailed, this form must be notarized by a notary public in the space provided below, to attest to the identity of the requestor. A certified check, money order, or company check for $5.00 must accompany this request before a file check will be initiated.** ***No personal checks accepted **.**

1. PERSON WHOSE MISDEMEANOR HISTORY IS REQUESTED

PRINT LAST NAME	FIRST NAME	MIDDLE	MAIDEN	SEX	RACE	DOB

CITY/COUNTY OF BIRTH	STATE/COUNTRY OF BIRTH	SOCIAL SECURITY NUMBER

PRINT COMPLETE CURRENT ADDRESS

AFFIDAVIT FOR RELEASE OF INFORMATION

I hereby give consent and authorize the Richmond Police Department to search its files for any history of non-reportable local misdemeanor conviction and report the results of such search to the agent or individual authorized in this document to receive same.

_____
Signature of person whose history is requested Date

State of _____ **City/County of** _____ **to wit Subscribed and sworn to before me this** _____ **day of** _____ **20** _____ **My Commission expires** _____ **20** _____ **.**

_____
Signature of Notary Public

2. AGENCY, INDIVIDUAL, OR AUTHORIZED AGENT MAKING REQUEST

Mail completed history report to:

NAME: _____

STREET ADDRESS: _____

CITY/STATE/ZIP CODE: _____

As provided for in Section 19.2-389, Code of Virginia, I hereby request the non-reportable misdemeanor history of the individual named in section 1 above and swear or affirm that I have the consent of the person to obtain his/her record and will not further disseminate the information received except as provided by law.

_____
Signature of person making this request. Date

State of _____ **City/County of** _____ **to wit Subscribed and sworn to before me this** _____ **day of** _____ **20** _____ **My Commission expires** _____ **20** _____ **.**

_____
Signature of Notary Public

☐ Check here if an additional copy is to be provided to the individual named in it, and attach a separate check or money order in the amount of $1.00.

This report reflects only offenses *not* required to be reported to the Central Criminal Records Exchange of the Virginia State Police.

☐ **RECORD(S) FOUND.** **(SEE ATTACHED)**

☐ **NO SUCH RECORD OF NON-REPORTABLE MISDEMEANORS EXISTS.**

Date By:

* This report lists convictions only - it does not rule out the existence of an **arrest** or a charge for which court disposition is **pending**.