CHARLES A. PENN
CHIEF OF POLICE

ARLINGTON COUNTY POLICE DEPARTMENT
ARLINGTON COUNTY COURTHOUSE
1425 NORTH COURTHOUSE ROAD
ARLINGTON, VA 22201
PHONE (703) 228-4292
ACPDrecords@arlingtonva.us

DAVID GIROUX
DEPUTY CHIEF

DARRIN CASSEDY
DEPUTY CHIEF

WAYNE VINCENT
DEPUTY CHIEF

LATASHA CHAMBERLAIN
DEPUTY CHIEF

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

1. **Complete Criminal 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 a photocopy of valid photo ID. Expired forms of ID will not be accepted.**
   (Acceptable 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 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 is not signed, dated, notarized (mail only), and a copy of a photo ID is not included, your request will not be processed.

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 Records are not public information*****

*****Adult Arrest Records Only*****

☐ 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 Nacimiento)	**Place of Birth** (Lugar de Nacimiento)

AKA / Maiden (Alias)

Other D.O.B. used

Social Security Number (Numero de Seguro Social)

Address (Dirección)

Driver's License Number (Numero de Licencia)

Other S.S.N. used

This request is made in accordance with Title 19.2, Chapter 23, §19.2-389, Code of Virginia, as amended, and any person misusing this information shall be guilty of a Class 2 misdemeanor. No dissemination of a criminal history record will be made to a noncriminal justice agency or individual if an interval of one year has elapsed from the date of arrest, no disposition of the charge has been recorded, and no active prosecution of the charge is pending.

This department allows individuals, per Virginia Code §9.1-132, to inspect their criminal history record for review and challenge purposes only. Employers, prospective employers, or their agents can not receive criminal history record information unless authorized by a state or federal statute or an executive order of the President or Governor to receive such information.

For the purpose of ascertaining its completeness/accuracy, I request to inspect a copy of such criminal history information concerning me maintained in the files of The Arlington County Police Department.

I understand the provisions of §9.1-136 Code of Virginia which states: "Any persons who willfully and intentionally requests, obtains, or seeks to obtain criminal history record information under false pretenses, or who willfully and intentionally disseminates or seeks to disseminate criminal history record information to any agency or persons in violation of this article or chapter 23 of Title 19.2, shall be guilty of a Class 2 misdemeanor."
Please be advised that pursuant to Virginia Code 19.2-392.13, this record may contain arrests, convictions, charges,or dispositions that have been sealed.

Type of Request

☐ Individual
☐ Visa Application

Signature of Requester (Firma)

Date of Request (Fecha de Solicitud)

Please do not fill out below. ACPD use only.

Released By:

Date:

Notary Acknowledgment

State/Commonwealth of _____)

County of _____)

On _____ before me, _____,
(Date) (Notary)

personally appeared _____,
(Requester)

___ Personally Known

___ Produced Identification

Type and # of ID _____

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.