



CHARLES A. PENN  
ACTING CHIEF OF POLICE

## ARLINGTON COUNTY POLICE DEPARTMENT

ARLINGTON COUNTY COURTHOUSE

1425 NORTH COURTHOUSE ROAD

ARLINGTON, VA 22201

PHONE (703) 228-4040

[police@arlingtonva.us](mailto:police@arlingtonva.us)



MICHAEL G. DUNNE  
DEPUTY CHIEF

DANIEL J. MURRAY  
DEPUTY CHIEF

ADRIENNE C. QUIGLEY  
DEPUTY CHIEF

DARRIN CASSEDY  
ACTING DEPUTY CHIEF

### **Criminal History Records Information Request Instructions for Individual:**

*Please complete the first three lines of the Criminal History Records Information Request (see attached).*

*Please check off if you are requesting a Criminal History Record Information Request or Conviction Data Request.*

*In the address block put your current address.*

*Please include your social security number and Driver's License number (if you have one).*

*Please choose a Type of Request. If this request is related to a visa application, choose "Visa Application". All other requests by an individual should be "Individual".*

*A copy of a valid photo ID is required (drivers license, Government issued ID w/date of birth, Passport/visa, Federal ID, etc.). Expired forms of ID will not be accepted.*

*If the request is **not signed, dated, and a copy of a photo ID is not included**, your request will not be processed.*

*There is a ten-dollar charge for the record check. Please submit a money order or cashier's check (personal checks not accepted), in the amount of \$10.00 payable to: **Treasurer of Arlington County**.*

*For online requests, there is an additional \$8.00 online processing fee.*

**Return the request to:**

*Arlington County Police Department  
Attn: Police Records  
1425 North Courthouse Road  
Arlington, Virginia 22201*

***Upon receiving your completed request, we will conduct the record check and return it to you by mail within five business days. If the instructions for filling out the form are not followed and page 2 is not signed, the form will be returned to you for completion, prolonging the process. For a Letter of Destruction from General District Court, please include that request (on a separate note) with your record check.***



**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 / NEE (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.**

**This department allows individuals, per Virginia Code §9-192, 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 Central Criminal Records Exchange, and/or**

**The Arlington County Police Department**

**I understand the provisions of §9-195 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."**

**Type of Request**

**Signature of Requester (Firma)**

Individual \_\_\_\_\_

Visa Application \_\_\_\_\_

**Date of Request (Fecha de Solicitud)**

*Please do not fill out below. ACPD use only.*

**Released By:**

**Date:**

Notary Requested

**To be completed by a Notary.**

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

Signature of Requester  
(Firma) \_\_\_\_\_

Date Signed \_\_\_\_\_

Date  
(Fecha de Solicitud) \_\_\_\_\_

Date Commission Expires \_\_\_\_\_