



M. DOUGLAS SCOTT
CHIEF OF POLICE

ARLINGTON COUNTY POLICE DEPARTMENT
ARLINGTON COUNTY COURHOUSE
1425 NORTH COURTHOUSE ROAD
ARLINGTON, VIRGINIA 22201

PHONE (703) 228-4040
E-MAIL: POLICE@ARLINGTONVA.US



MURRAY J. FARR
DEPUTY CHIEF

DANIEL J. MURRAY
DEPUTY CHIEF

The following information is for requesting an official Arlington County Records Check. PLEASE NOTE: Anyone residing in the Washington Metropolitan area must request their record check in person.

*Please complete the first two lines of the Criminal History Records Information Request. In the Address block put your current address. Please include your social security number, as well as your O.L. number (if you have one). **Leave Name and Address of Requesting Agency block blank. Also, leave the section labeled, date of arrest, offenses and dispositions blank. These blocks are for police department use only. If those blocks are filled out, your request will not be processed and a new form will need to be filled out, prolonging the processing time.** In the Type of Agency/Request please check whatever applies.*

*A copy of a valid photo ID (**must be current, not expired**) with a date of birth is required (Drivers License, Government Issued ID, Passport, etc...). It is very important to sign and date your request (**front and back**). If the request is **not signed or dated** and a copy of a photo ID is not included, your request **will not** be processed.*

*There is a five-dollar charge for the record check. Please submit a money order or cashiers check (**No personal Check**), in the amount of **\$5.00** payable to: **Treasurer of Arlington County.***

Return the request to: Arlington County Police Department
Attn: Central Records
1425 N. Courthouse Road
Arlington, Virginia 22201

Upon receiving your completed request we will immediately conduct the record check and return it to you by mail. If you would like us to mail the record check to the United States Consulate please so indicate with a note providing the completed address of the Consulate.



Criminal History Record Information Request
(Solicitud de Información de Antecedentes Criminales)

Conviction Data Request
(Solicitud de Datos de Convicción)



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Law Enforcement Agency

Arlington County Police Department. Arlington, Virginia

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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)				Additional D.O.B.	
Address (Dirección)			Social Security Number (Numero de Seguro Social)	OL Number (Numero de OL)	
			Additional S.S.N.		

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.

Name and Address of Requesting Agency	Type of Agency / Request <input type="checkbox"/> Criminal Justice <input type="checkbox"/> Visa Application <input type="checkbox"/> Non-Criminal Justice* <input type="checkbox"/> Individual <input type="checkbox"/> Otherwise by Law	Signature of Requester (Firma)
Page(s)	* Limited to Offenses NOT REPORTABLE to Central Criminal Records Exchange	Date of Request (Fecha de Solicitud)

DATE OF ARREST (Fecha de Arresto)	OFFENSE (Ofensa)	DISPOSITION (Resultado)

SEARCHED BY:	DATE:	RELEASED BY:	DATE:
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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.

If you desire to inspect your criminal history record please complete the first two lines on the other side and the information requested below.

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.”

Witness/Notary _____ Signature _____

Date Signed _____ Date _____

Date Commission Expires _____

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SEARCHED BY:	DATE:	RELEASED BY:	DATE:
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Form 2020-18 (Rev. 04/2007)