

Stafford County Sheriff's Office
Criminal Record Request

REQUESTOR USE

(Last name)	(First name)	(Middle name)	(Maiden) or (Alias)
(Mailing Address)	(City/County)	(State)	(Zip Code)
(Physical Address)	(City/County)	(State)	(Zip Code)
(Race)	(Sex)	(Date of Birth)	(Social Security Number)

Signature of Recipient: _____ Date: _____

Notary **only**
needed for
mail-in
requests

State of _____, County of _____
Acknowledged, subscribed and sworn to before me on

Mo / day / year _____ Notary Public My commission expires _____ Registration number _____

NOTICE

Criminal records obtained from the Stafford County Sheriff's Office reflect **only** those records on file with **this** department's records division. The Supreme Court of Virginia <http://www.courts.state.va.us> maintains arrest information to include final dispositions for all of the courts with exception of the juvenile and domestic relations court. For a record of traffic violations, please contact the Virginia Department of Motor Vehicles www.dmv.state.va.us. For a more comprehensive police/criminal background check we recommend contacting the Virginia Department of State Police, Central Criminal Records Exchange, P.O. Box 27472, Richmond, VA 23261 or you may visit them online <http://www.vsp.state.va.us>.

SHERIFF OFFICE USE ONLY

- The above named person has no Adult Criminal Record with the Stafford County Sheriff's Office.
- The above named person has the following Adult Criminal Record with the Stafford County Sheriff's Office.

Date	Charge

(Please see notice above for information on obtaining case dispositions)

Signature of Records Clerk: _____

SCSO-Records Division
PO Box 189
Stafford, VA 22555
Phone: 540-658-4420