## DIRECTION TO CHALLENGE A CRIMINAL RECORD

In the event you are determined not qualified to work or volunteer you may start a personal review of your criminal record: Please remember: You were fingerprinted for the position and the Criminal Identification Bureau (CIB) of the West Virginia State Police has determined the fingerprints are identical to criminal fingerprints on file with CIB and/or Federal Bureau of Investigation (FBI) and a criminal charge exists which may be a barrier to employment or volunteering services. The West Virginia State Repository is biometric (fingerprint) based and not name base. To start a review of a criminal record follows these instructions:

## CIB- CRIMINAL RECORD WITHIN THE STATE OF WEST VIRGINIA

You can download WVSP 136A- (CHALLENGE OF CRIMINAL HISTORY RECORD) and complete the form. Note- the form is accessible off the forms link on the **statepolice.wv.gov** homepage. You will mail WVSP Form 136A along a check or money order for \$20.00 for the process fee to:

West Virginia State Police Criminal Identification Bureau 725 Jefferson Road South Charleston, WV 25309

Check or Money Order is made payable to: The Superintendent, West Virginia State Police.

If the discrepancies are at the charge or final disposition level, you must address this with the court or arresting agency that submitted the record to CIB.

## FBI- CRIMINAL RECORD <u>OUTSIDE</u> THE STATE OF WEST VIRGINIA

Telephone the FBI, Special Correspondence Unit at (304) 625-3878 for instructions.

## WVSP 136A Revised 02/12 CHALLENGE OF CRIMINAL HISTORY RECORD

To: We	st Virginia State police	From:			
Cri	minal Identification Bureau 5 Jefferson Road	(Name)			
Sou	th Charleston, WV 25309	(Address)			
		(City)	(State) (Zip)		
		(Social Security Number)	(Date of Birth)		
-	lease find the required process f ble to: The Superintendent, Wes				
		(Agency icantly inaccurate or incomplete in th			
Record no	w reads:				
Record ent	ry number:	]	Date:		
Charge:		]	Date:		
Disposition	1:				
Record sh	ould read:				
Record ent	ry number:		Date:		
Charge:	•				
Disposition	1:		Date: Date:		
Basis for (	Challenge:				
Basis for ( 	Challenge:				

\_\_\_\_\_ I have attached and signed a (n) additional sheet(s) describing other claimed errors in my records originating in your agency.

**Right Index Fingerprint** 

(Signature)

(Date)