

COMMONWEALTH OF VIRGINIA DEPARTMENT OF STATE POLICE SUSPECTED ALIEN REPORTING FORM

MAIL THIS FORM TO:
DEPARTMENT OF STATE POLICE
CENTRAL CRIMINAL RECORDS EXCHANGE
P. O. BOX 27472
RICHMOND, VA 23261-7472
ATTN: INS REPORTING SECTION

NAME OF PERSON COMPLETING FORM: _____ AGENCY: _____ DATE: _____ PHONE NUMBER: _____
()

A. BIOGRAPHIC INFORMATION (Alien)

| | | | | |
|---|--|------------------------|-------------------------------|------------------------|
| 1 | Last Name, Suffix | First Name | Middle Name | SID Number |
| 2 | Aliases (if any) | | | FBI Number |
| 3 | | | | IIN Number |
| 4 | | | | A Number |
| 5 | Country of Birth | Country of Citizenship | Date of Birth | Social Security Number |
| 6 | Last Known Place of Residence (Complete Address If Possible) | | Judge | |
| 7 | | | Counsel for Defense | |
| 8 | Incarceration <input type="checkbox"/> Location: Probation <input type="checkbox"/> | | Comments or Other Information | |

B. ABSTRACT OF CONVICTION

| | | | | | | |
|----|---|---|--|-------------------------------|--|--|
| 9 | Name of Court: | City <input type="checkbox"/> | County <input type="checkbox"/> | Court Phone Number () | Court I.D. Number (FIPS) | Court Case Number |
| 10 | Date of Offense | Trial: Court <input type="checkbox"/> | Jury <input type="checkbox"/> | Plea <input type="checkbox"/> | Convicted of (code section) | Felony <input type="checkbox"/> _____ counts Misdemeanor <input type="checkbox"/> |
| 11 | Date of Arrest | Arresting Agency: City <input type="checkbox"/> County <input type="checkbox"/> | | Convicted of (description) | | |
| 12 | Conviction Date | Controlled Dangerous Substance and Amount | | | Additional Information: <input type="checkbox"/> | |
| 13 | Date of Imposition of Sentence | Sentence: _____ years & _____ months Total Sentence Imposed | | | Status of Appeal: Waived <input type="checkbox"/> Appeal Period Expired <input type="checkbox"/> Appeal Pending <input type="checkbox"/> No Appeal Filed to Date <input type="checkbox"/> Other <input type="checkbox"/> Explain: | |
| 14 | Earliest Possible Release Date | _____ years & _____ months Sentence Suspended | | | | |
| | | _____ years & _____ months Incarceration | | | | |
| 15 | Prior Parole Violation: Yes <input type="checkbox"/> No <input type="checkbox"/> | | Active Parolee: Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| 16 | Prior Conviction Record: Yes <input type="checkbox"/> No <input type="checkbox"/> | | Prior Conviction Jurisdiction: | | | |

Sections 19.2-294.2 and 53.1-218 of the Code of Virginia require this report to be made to the Central Criminal Records Exchange on individuals who are convicted of any felony and are suspected of being an alien. Reports are to be completed on suspected aliens when they are referred to a probation/parole officer for a Pre or Post Sentence Report, for probation supervision or committed to a correctional facility, including jail. Completion of this report is not required if it is apparent that a report on an individual's alien status has previously been made to the Exchange.

See Page 2 for instructions.

INSTRUCTIONS

SUSPECTED ALIEN REPORTING FORM

For verification purposes, please indicate

- The name of the person completing the form,
- The name of the criminal justice agency of the person completing the form,
- The date the form was completed and the phone number of the person completing the form.

Complete parts "A" and "B" of this form and submit to the Central Criminal Records Exchange.

A. BIOGRAPHIC INFORMATION (Alien) – Describe the offender

- 1 Enter the offender's last name, suffix, first name, and middle name (e.g., Smith, Jr., John Robert).
Enter the Virginia CCRE number (SID number), if known (e.g., VA123456).
Enter any known aliases on lines 2, 3, 4.
- 2 Enter the FBI number, if known.
- 3 Enter the Immigration Identification Number, if known.
- 4 Enter the A#, which is on all INS-issued documents, if known.
- 5 Enter the country of birth, if known } Either country of birth or country of citizenship
Enter the country of citizenship, if known. } or both must indicate suspected alien status.
Enter the date of birth, if known.
Enter the Social Security Number, if known.
- 6 If a local residence is indicated in this section and a permanent residence is also known, include that information in the "Comments
& or Other Information" section of the form.
- 7 Enter the names of the Judge who heard the case and the Counsel for the Defense, if known.
- 8 If subject is incarcerated, check the "Incarceration" box and provide the location of the incarceration. If subject has been placed on probation, check the "Probation" box and provide the location of his probation office. Include any further information that may aid in identifying the subject in "Comments or Other Information," such as a permanent residence.

B. ABSTRACT OF CONVICTION – Describe the most serious offense in the sentencing event

- 9 Check "City" or "County" box and enter the name and phone number for the court of jurisdiction. Enter FIPS and court case number.
 - 10 Enter the date of the most serious offense. Check the appropriate box to indicate whether the case was heard by a judge or trial, or if a plea was entered prior to trial proceedings. Enter the Code Section for the most serious offense, and the number of counts of that offense. Check the box indicating felony or misdemeanor.
 - 11 Enter the date the offender was arrested for the most serious offense. Check the "City" or "County" box and enter the name of the arresting law enforcement agency. Enter the description of the most serious offense corresponding to the Code Section entered.
 - 12 Enter the date of conviction for the most serious offense. If any drug-related offenses were included in the sentencing event, indicate the name of the controlled substance(s) and the amount(s).
 - 13 Enter the date the sentence was imposed. Include the total sentence imposed by the Judge and a breakdown of the sentence
& in terms of time suspended the length of incarceration and the length of the supervised probation. If the Supervised Probation is
14 indefinite, write in "INDEFINITE." Enter the earliest release date, if known. Check one of the options for Appeal status. If the appeal is waived, check the appropriate box. If no appeal has been filed within 30 days after sentencing, check the "Appeal Period Expired" box. If an appeal has been filed within 30 days, check the "Appeal Pending" box. If this form is completed before 30 day appeal period has lapsed and no appeal has been filed, check the box indicating "No Appeal Filed to Date." If "Other" is checked, provide an explanation (e.g., DEFERRED JUDGMENT).
- If "Appeal Pending" or "No Appeal Filed to Date" is marked, verify the court phone number on line 9 so the INS investigators can follow up on the case.
- 15 If a formal record of previous parole violation(s) exists, check the "yes" box for "Prior Parole Violation." If the current offense involves active parolee, check the "yes" box for "Active Parolee."
 - 16 If the offender has a prior conviction record, check the "yes" box. Indicate if the prior conviction jurisdiction was "OUT OF STATE" which state, if known. Choose the jurisdiction in which the majority of offenses occurred.