



Virginia Department of Criminal Justice Services

Notification of Eligibility for Decertification

DC-1

Pursuant to § 15.2-1707 of the *Code of Virginia*, this document shall serve as written notice to the Criminal Justice Services Board of the potential eligibility for decertification of the individual listed below.

Submit via Email to: lejdecert@dcjs.virginia.gov

FOR DCJS USE ONLY: CASE ID #: _____

NAME: _____

LAST KNOWN ADDRESS: _____

CERTIFIED LAW ENFORCEMENT CERTIFIED JAIL OFFICER DATE OF BIRTH: _____

ORIGINAL CERTIFICATION DATE: _____ VERIFIED BY DCJS STAFF (Initials): _____

REQUESTING AGENCY: _____

AGENCY POINT OF CONTACT: _____

AGENCY POINT OF CONTACT Email: _____

AGENCY POINT OF CONTACT Phone: _____

DATE OF SEPARATION: _____ Terminated or Resigned

Have all grievances and appeals been exhausted or waived for the finding of misconduct and employment separation to be considered final? Yes No *

*If NO, expected date to conclude: _____

(Separation date must be entered into TRACER for Decertification to be processed)

REASON FOR DECERTIFICATION (CHECK ALL THAT APPLY/ATTACH SUPPLEMENTAL INFORMATION AS NECESSARY):

15.2-1707 (A)

- Convicted of or plead guilty or no contest to a felony or any offense that would be a felony if committed in the Commonwealth. (15.2-1707 (A)(i))
- Convicted of or plead guilty or no contest to a Class 1 misdemeanor involving moral turpitude, including but not limited to petit larceny, or any offense involving moral turpitude that would be a misdemeanor if committed in the Commonwealth. (15.2-1707 (A)(ii))
- Convicted of or plead guilty or no contest to any misdemeanor sex offense in the Commonwealth, another state, or the United States, including but not limited to sexual battery or consensual sexual intercourse with a minor 15 or older. (15.2-1707 (A)(iii))
- Convicted of or plead guilty or no contest to domestic assault or any offense that would be domestic assault under the laws of another state or the United States. (15.2-1707 (A)(iv))

FOR ALL OF THE ABOVE:

DATE OF CONVICTION: _____

FINAL CRIMINAL CHARGE(S): _____

COURT NAME & LOCATION: _____

FOR CRIMINAL CASES: COPY OF JUDGEMENT OF CONVICTION MUST BE SUBMITTED WHEN AVAILABLE

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- Failed to comply with or maintain compliance with mandated training requirements. (15.2-1707 (A)(v))
- Refusal to submit to a drug screening or has produced a positive result on a drug screening reported to the employing agency, where the positive result cannot be explained to the agency's satisfaction. (15.2-1707 (A)(vi))

15.2-1707 (B) (effective March 1st, 2021)

FOR ALL BELOW:

DATE OF INCIDENT OR ACTIONABLE OCCURRENCE: _____

VIOLATION: _____

- Terminated or resigns: *(Select all applicable categories)*
 - in advance of being convicted or found guilty of an offense as set forth in subsection (A), clause (i) that requires decertification. (15.2-1707 (B)(i))
 - in advance of a pending drug screening. (15.2-1707 (B)(ii))
 - for a violation of state or federal law. (15.2-1707 (B)(iii))
 - for engaging in serious misconduct as defined in statewide professional standards of conduct adopted by the Board. (15.2-1707 (B)(iv)) (*effective March 14, 2024)
 - while such officer is the subject of a pending internal investigation involving serious misconduct as defined in statewide professional standards of conduct adopted by the Board. (15.2-1707 (B)(v)) (*effective March 14, 2024)
 - for an act committed while in the performance of the officer's duties that compromises an officer's credibility, integrity, honesty, or other characteristics that constitute exculpatory or impeachment evidence in a criminal case. (15.2-1707 (B)(vi))

A summary of the circumstances associated with this notification, including relevant dates, information to support decertification, pending court dates or grievances, as related to the above violations, must accompany this submission. The Virginia Department of Criminal Justice Services (DCJS) reserves the right to request additional clarification of any submitted information to substantiate the appropriate application of the Decertification Code as it is listed above.

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NAME: _____

ADDITIONAL INFORMATION:

(Additional Supporting Documentation may be attached and must be in PDF form)

(Attach additional pages as needed)

Signature of Sheriff, Chief of Police or Agency Administrator

Date: _____

PRINT NAME

Title: _____

DCJS Staff: Decertified? Yes No

Date Completed: _____

Initials: _____