

ADAM WALSH STATE CONTACTS FOR CHILD ABUSE REGISTRIES

Updated October 14, 2016

Requirements	States	
Own Form	AL, AZ, CO, CT, DC, FL, HI, ID, IL, IN, IA, KS, MD, MN, MS, MT, NE, NV, NM, NY, NC, ND, PA, PR, SC, SD, TN, TX, UT, VA, WA, WY	These states REQUIRE requests for information to be submitted on the forms they have developed. Links to forms or websites are provided.
Notary	AR, AZ, CO, DC, MD, MT, NE, NH, MA, NM, NY, SC, SD, TN, TX, VA	Best to use their form.
Witness	AL, MS, NE, RI, SC, TX	SC will accept notary or witness, TX requires both.
Fee	CA - \$15, CO - \$28 ID - \$20, MN - \$20, PA - \$8, RI - \$10, SC - \$8, VA - \$10, WA-\$20, WY - \$10	Processing fees are reimbursable under Title IV-E administrative expenses.
Original Sig.	CA, CO, DC, MD, NJ, NY, NC, SC, SD, TX, WV, WY, Guam	
Picture ID	AK, UT	
NOTE to California FFH and FFAs: When completing another state's form, CDSS Adam Walsh Unit must always be the "Requestor." NOTE to California County Licensing Agencies: When completing another state's form, always identify your office as the "Requestor." The subject of the inquiry is NOT the "Requestor."		
State	Contact Information	Procedures / Forms
Alabama	CAN Central Registry Office of Child Protective Services Department of Human Resources 50 Ripley Street Montgomery, AL 36130-4000 Phone: (334) 353-3477 Fax: (334) 242-0939 Contact: Harold Brown, Supervisor Email: harold.brown@chr.alabama.gov	Form: DHR-FCS-1598 CAN Central Registry Clearance Form Required? Yes Visit the web site below or call central clearinghouse (334) 242-9500 for forms and instructions Signed release required? Yes, and witnessed Methods of transmission: Original signature required, mail only Fee: no Web: www.dhr.alabama.gov
Alaska	Department of Health & Social Services 323 East 4th Avenue Anchorage, AK 99051 Phone: (907) 269-4026 Fax: (907) 269-4098 Contact: Ken Saucier or Anna Peratrovich at (907) 269-0329 Email: Kenneth.Saucier@Alaska.gov	Form: 06-9437 LIC Clearance Form - Confidential Go to: http://dhss.alaska.gov/ocs/Pages/childprotection/default.aspx Form Required? Yes-- need a photo ID Signed release required? Yes Methods of transmission: Mail, email or fax Fee: no *Allow 30 days for response
Arizona	Arizona Dept. of Child Safety Office of Licensing & Regulation Background Investigation Unit P.O. Box 6030, Site Code 10-20 Phoenix, AZ 85005-6030 E-mail: DCYFCentralRegistryCheck@azdes.gov	Form: CSO-1131A DCYFCentralRegistryCheck@azdes.gov email. Form Required? Yes Notary cannot be on separate form Signed release required? Yes Fee: no Methods of transmission: E-mail

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Updates for information listed here should be directed to: Lynnette.White-Bowen@DSS.CA.GOV

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State	Contact Information	Procedures / Forms
Arkansas	Arkansas Child Maltreatment Central Registry P. O. Box 1437, Slot S 566 Little Rock, AR 72203 Phone: (501) 682-0404 or 682-8760 Fax: (501) 682-0407 Attn: John Lowden	Form: Authorization for Release of Confidential Information Send Arkansas form and standard cover letter on letterhead Form Required? No Signed release required? Yes and notarized Methods of transmission: Fax preferred Fee: no
California	California Dept. of Justice Bureau of Criminal Information & Analysis CACI P.O. Box 903387 Sacramento, CA 94203-3870 Phone: (916) 227-5052 Fax: (916) 227-6364 CACI-Inquiry@doj.ca.gov	Form: Yes - BCIA 4057 Child Abuse Central Index Inquiry Request for Out of State Foster Care & Adoption Agencies Form Required? Yes CA Form CA Instructions Signed release required? Yes – as instructed in link above. Methods of transmission: Original signature required, mail only Fee: \$15 Note: Processing fees are reimbursable under Title IV-E administrative expenses. CA DOJ Website More info on DSS Adam Walsh Website: CDSS Adam Walsh
Colorado	NEW ADDRESS EFFECTIVE 5/11/2015 CDHS Background Investigation Unit 1575 Sherman Street, Ground Fl. Denver, CO 80203 Phone: (303) 866-7436 or 866-4614 Contact: Shauna Snider	Form: BIU Individual Inquiry Form (do not use the facility form) Form Required? YES Go to web site for form: http://www.coloradoofficeofearlychildhood.com/#/biu/c1wjw Signed release required? Yes Methods of transmission: Original signature required, mail only Fee: EFFECTIVE 11/16/2015, \$28.00 made payable to CDHS, BIU, Records and Reports. Note: Processing fees are reimbursable under Title IV-E administrative expenses.
Connecticut	Department of Children and Families Careline 505 Hudson Street Hartford, CT 06106 Phone: (800) 842-2288 Phone: (860) 560-7000 Fax: (860) 560-7070	Form: Authorization for Release of Information for DCF CPS Search Form Required? Yes Go to: http://www.ct.gov/dcf/cwp/view.asp?a=2639&Q=548372#Background CPS: Background Search Release Form #3033

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	Contact: Dakibu Muley Email: Dakibu.Muley@ct.gov	Signed release required? Yes, see instructions at website link Methods of transmission: Mail or fax Fee: No Website
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Delaware	Department of Services for Children, Youth & Their Families 3411 Silverside Road Wilmington, DE 19810 Phone: (302) 892-5800 Phone: (800) 292-9582 Fax: (302) 633-5191 Contact: Beth Kramer	Form: Consent to Release Child Protection Registry Information. Go to: DE Form Form Required? No. Print form on letterhead. Requests should state that the information is required to comply with the Adam Walsh Child Protection and Safety Act of 2006. Signed release required? Yes Methods of transmission: Mail or fax Fee: No Website:
District of Columbia	Child & Family Services Agency Child Protection Register 200 I Street, SE Washington, DC 20003 Phone: (202) 727-8885 Fax: (202) 727-8040	Form: Child Protection Register Check Application Form Required? Yes Fee: No Signed release required? Yes and notarized Method of transmission: Mail only, original signature required Website: cfsa@dc.gov

Florida	Department of Children & Families Office of Child Welfare Building 6, Room 339 1317 Winewood Blvd. Tallahassee, FL 32399 Phone: (850) 717-4676 Fax: (850) 487-6064 Contact Janice Mullen Email: adamwalsh.requests@myffamilies.com	Form: FAH form 1561A Go to: Florida's Website Form Required? Yes. Signed release required? Yes Methods of transmission: Mail, fax or e-mail Fee: No Website:
Georgia	DHS, DCFS Attn: Child Protective Services Screening Unit 2 Peachtree St. NW, 18 Floor Atlanta Georgia 30303 For questions send e-mail to: customer_services_dfcs@dhs.ga.gov (underscore between customer and	Georgia's Child Protective Services History Child protective services historical information remains in the Georgia SHINES data system. Obtaining information from this system is governed by O.C.G.A. Section 49-5-41. This statute requires the agency to share information with local, state or federal governmental entities which are performing their

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	services and services and dfcs)	<p>obligations to protect children from abuse or neglect.</p> <p>Child Protective Services History Requests are provided to the following: A State/Tribal Child Welfare Agency or Governmental Entity</p> <p>*Submit a request on agency letterhead to include all identifying information for the individual to be screened.</p> <p>To an investigator appointed by a court of competent jurisdiction in this state (Georgia Superior Court) to investigate a pending petition for adoption.</p> <p>*Submit a request on agency letterhead to include all identifying information for the individual to be screened.</p> <p>Under Georgia law, there is no direct method by which a private child welfare agency can obtain CPS information for private foster and adoptive families.</p> <p>Click here to submit a Child Protective Services History Request georgiaadamwalshcheck@dhs.ga.gov</p>
Guam	<p>Bureau of Social Services Administration Department of Public Health & Social Services 194 Hernan Cortez Avenue, #309 Hagatna, Guam 96910 Phone: (671) 475-2653/2672 Fax: (671) 477-0500 Email: Linda.rodriquez@dphss.guam.gov</p>	<p>Form: No Form Required? No. Print request for information on letterhead.</p> <p>Signed release required? Yes</p> <p>Methods of transmission: Will accept email or Fax to expedite process, but requires original form by mail to release information</p> <p>Fee: No</p>

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Hawaii	<p>Oahu Child Welfare Services Section 3 Attn: Tonia Mahi 420 Waiakamilo Road, #300A Honolulu, HI 96817</p> <p>Phone: (808) 832-0609 Fax: (808) 832-0628</p>	<p>Form Required? Yes. Go to: HI Form</p> <p>Methods of transmission: Mail original consent forms.</p> <p>Fee: No</p> <p>Website: http://humanservices.hawaii.gov/ssd/backgroundcheck/</p>
Idaho	<p>Idaho Department of Health & Welfare Criminal History Unit 1720 Westgate Drive, Ste. A Boise, ID 83704</p> <p>Phone: (208) 332-7990 Fax: (208) 332-7991</p>	<p>Website: https://chu.dhw.idaho.gov</p> <p>Form: The form found on the website is the authorization from the subject of the search to complete the Idaho Child Protection Registry Check. Additional documentation should be included to clarify request specifics.</p> <p>Go to: Instructions</p>

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	<p>crimhist@dhw.idaho.gov</p> <p>Contact: Fernando Castro, Program Supervisor Email: castrof@dhw.idaho.gov</p>	<p>Is the Form Required? Yes.</p> <p>Signed release required? Yes – signed and notarized</p> <p>Methods of transmission: Mail, fax, e-mail with attachment scanned in PDF format. E-mail to: crimhist@dhw.idaho.gov</p> <p>Fee: \$20 per search. Will accept check or money order payable to IDHW that accompanies the request. Note: Processing fees are reimbursable under Title IV-E administrative expenses.</p>
Illinois	<p>Department of Family & Children Services 406 E. Monroe Street, Station 30 Springfield, IL 62701</p> <p>Fax: (217) 782-3991 Attn: SCR PCU</p> <p>Contact: SCR PCU Phone: (217) 557-0758</p> <p>Email: cfs689background@illinois.gov</p>	<p>Form: CFS 689 Authorization for Background Check www.state.il.us/dcfs</p> <p>Form Required? Yes (unless for child protective service investigation) Send as PDF format</p> <p>Signed release required? Yes (unless for investigation)</p> <p>Methods of transmission: Mail, fax or email Please specify on the subject line as: Out-of-State Child Welfare</p> <p>Fee: No</p>
Indiana	<p>Indiana Dept. of Child Services Background Check Unit 302 W. Washington Room E306-MS08 Indianapolis, IN 46204</p> <p>Phone: (317) 234-5002 Fax: (317) 234-4633</p> <p>Contact: Scott Hood Email: Background.CheckUnit@dcs.IN.gov</p>	<p>Form: Yes 52802 (R5/8-13)/CW2128 (complete form on-line) http://www.in.gov/dcs/3740.htm form name is actually "Indiana Request for Child Protective Service (CPS) History Check"</p> <p>Form Required? Yes – Be sure to use current form. Always include maiden and <u>all</u> married names for female applicants. If you have not received a response, please call – <u>do not</u> send second request. Information will only be provided to CA Social Services.</p> <p>Signed release required? Yes</p> <p>Methods of transmission: E-mail, Fax or mail</p> <p>Fee: No</p>

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State	Contact Information	Procedures / Forms
Iowa	<p>Iowa Central Abuse Registry Iowa Dept. Of Human Services 1305 E. Walnut, 5th Floor, Hoover Building Des Moines, IA 50319</p> <p>Phone: (515) 362-7404 Fax: (515) 564-4112 Email:</p>	<p>Form: 470-0643 Request for Child Abuse Information Go to: WWW.DHS.IOWA.GOV</p> <p>Form Required? Yes http://dhs.iowa.gov/sites/default/files/470-0643.pdf</p> <p>Signed release required? No</p> <p>Methods of transmission: Email is preferred; placing the word "confidential" in the subject line will ensure messages travel as</p>

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	DHSAbuseRegistry@dhs.state.ia.us Contact: Linda Chagoya	appropriate through our security filter. Fax is ok too. Fee: No
Kansas	Kansas Dept. of Children & Families/PPS 555 S. Kansas Ave., 4 th Floor Topeka, KS 66603 Phone: 785.246-7961 or 785.296-4377 Fax: (866) 317-4279 Contact: Child Abuse/Neglect Central Registry Email: centralregistry@dcf.ks.gov	Form: CPS 1011 Child Abuse and Neglect Registry Release of Information Rev. 7/2015 Go to: KS Form Form Required? Yes Signed release required? No Methods of transmission: Email preferred if no payment required Fax accepted if no payment required Mail only if submitting payment Fee: No fee for state agencies, all others must pay \$10 per form Website:
Kentucky	Cabinet for Health & Family Services Department for Community Based Services Records Management Section 275 East Main Street, 3E-G Frankfort, KY 40621 Phone: (502) 564-3834 Fax : (502) 564-9554 Contact: Erika Bauford Email: erikad.bauford@ky.gov	<u>Foster and Adoptive Parent Applicants Form- No form required.</u> Type your request on your agency letterhead. Include reason for your request, applicant(s) full name, maiden name (if applicable), date of birth, and full social security number. Agency representative needs to sign the request letter. Signed release required? No Methods of transmission: Mail, fax, or email Fee: No http://chfs.ky.gov/dcbs/adamwalshforms.htm For Employment/Volunteer Background Checks, contact Erika Bauford
Louisiana	Louisiana Department of Children and Dept. of Children & Family Services - CW Attention CPS Intake P.O. Box 3318 Baton Rouge, LA 70821 Phone: 225-342-1554 Fax: 225-342-3480 Linda Carter, Section Administrator Email: DCFS.ChildProtectiveServices@LA.GOV	Form: No Form Required? No. Print request on letterhead. Include Name, Aliases; DOB; SSN; Race/Ethnicity, Last Known Address in Louisiana. Signed release required? Yes Methods of transmission: Email (preferred), Fax, or Mail Fee: No http://www.dcfslouisiana.gov

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State	Contact Information	Procedures / Forms
Maine	DHHS, Office of Child & Family Services Child Protective Intake Unit 2 Anthony Avenue, SHS #11 Augusta, ME 04333	Form: No Form Required? No. Print request on letterhead. Signed release required? No

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	<p>Phone: (800) 452-1999 ext. 2 Contact: Child Protective Intake Fax: (207) 287-5065</p>	<p>Methods of transmission: Mail or fax Fee: No</p>
Maryland	<p>Maryland Department of Human Resources In-Home Services Social Services Administration 311 W. Saratoga Street, Room 553 Baltimore, MD 21201</p> <p>Contact Center Verification for Foster Care Phone: (800) 332-6347 or (410) 767-7112</p>	<p>Form: DHR/SSA 1279A Consent for Release of Information/Background Clearance Request</p> <p>Form Required? Yes, go to: http://dhr.maryland.gov/documents/Child%20Protective%20Services/1279A%20Background%20Clearances%20Form.pdf</p> <p>Signed release required? Yes and notarized</p> <p>Methods of transmission: Original signature required, mail only</p> <p>Fee: No</p>
Massachusetts	<p>Massachusetts Dept. of Children & Families Attn: CORI Unit 600 Washington Street, 6th Floor Boston, MA 02111</p> <p>Phone: (617) 748-2079 Toll Free: (800) 792-5200 Fax: (617) 439-9027</p> <p>Contact: Kim Sportman Email: kim.sportman@state.ma.us</p>	<p>Form: No Form Required? No. Print request on letterhead</p> <p>Signed release required? Yes and notarized.</p> <p>Methods of transmission: Mail only and include a SASE</p> <p>Fee: No</p> <p>Website</p>
Michigan	<p>Michigan Dept. of Health & Human Services Division of Child Welfare Licensing P.O. Box 30650 Lansing, MI 48909</p> <p>Phone: (269) 337-5237 Fax: (269) 337-5129 Contact: Kathy West E-Mail: WestK3@michigan.gov</p>	<p>Form: No</p> <p>Form Required? No. Print request on letterhead & include following: reason for request, family names, DOB, SS#</p> <p>Signed release required? No</p> <p>Methods of transmission: E-mail and FAX</p> <p>Fee: No</p> <p>Website</p>

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State	Contact Information	Procedures / Forms
Minnesota	<p>Minnesota Department of Human Services Background Studies Unit</p>	<p>Form: Consent/Authorization for Release of Information from Minnesota Child Abuse and Neglect Registry Form Required? Yes</p>

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	<p>P.O. Box 64242 St. Paul, MN 55164-0242</p> <p>Phone: (651) 431-6603 Fax: (651) 297-1490</p> <p>Contact: Lori Steffan or Stephan Sarumi</p>	<p>Signed release required? Yes</p> <p>Methods of transmission: Mail</p> <p>Fee: \$20 to Minn. Dept. of Human Services, Note: Processing fees are reimbursable under Title IV-E administrative expenses.</p> <p>Website</p>
Mississippi	<p>Dept. of Human Services Protection Unit P. O. Box 352 Jackson, MS 39205-0352</p> <p>Toll-Free: (800) 222-8000 Phone: (601) 359-4487 Fax: (601) 576-2584</p> <p>Contact: Pearl Holloway</p>	<p>Form: Specified format required – request example call contact #</p> <p>Signed release required? Yes, with witness</p> <p>Methods of transmission: Mail, include SASE or send e-mail to mscentralregistry@mdhs.ms.gov</p> <p>Fee: No</p>
Missouri	<p>Missouri Department of Social Services Children's Division P.O. Box 88 Jefferson City, MO 65103</p> <p>Phone: (573) 751-2330 Fax: (573) 751-2607</p> <p>Contact: Sara Smith. Background & Screening Unit Email: Sara.E.Smith@dss.mo.gov</p>	<p>Form: See Website</p> <p>Form Required? Yes.</p> <p>Signed release required? Yes</p> <p>Methods of transmission: Mail, email or fax</p> <p>Fee: No</p> <p>Website : http://www.msphp.dps.missouri.gov/MSHPWeb/PatrolDivisions/CRID/crimRecChk.html (SHP-159)</p>
Montana	<p>Montana Child & Family Services Division <u>Records Request</u> PO Box 8005 Helena, MT 59604-8005</p> <p>Phone: (406) 841-2400 Fax: (406) 841-2487</p>	<p>Form: Go to website. Form #DPHHS-CFS/LIC018</p> <p>Form Required? Yes</p> <p>Signed release required? Yes & notarized</p> <p>Methods of transmission: Mail (if requesting by mail send SASE) or fax</p> <p>Fee: No</p> <p>Website</p>
Nebraska	<p>Nebraska Health & Human Services Division of Children & Family Services P.O. Box 95026 Lincoln, NE 68509-5026</p> <p>Phone: (402) 471-9272 Fax: (402) 742-2344 E-mail: dhhs.cfscentralregistry@nebraska.gov Contact: CPS Central Registry</p>	<p>Form: Yes, see Website for instructions</p> <p>Signed release required? Yes</p> <p>Methods of transmission: Mail, fax and E-Mail</p> <p>Fee: No</p> <p>Website: http://dhhs.ne.gov/children_family_services/Pages/nea_cr.asp</p>

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Nevada	<p>Nevada Central Registry Nevada Division of Child & Family Services 4126 Technology Way, 3rd Floor Carson City, NV 89706</p> <p>Fax: (775) 684-4456</p> <p>Contact: Bruce Cole(775) 684-7941 Email</p>	<p>Form: FPO 0515: Request for Child Abuse/Neglect Screening Go to: http://dcfs.nv.gov/uploadedFiles/dcfsvngov/content/Forms/FPO_FPO_0515A_Request_for_ChildAbuseAndNeglectScreening.doc</p> <p>Form Required? Yes</p> <p>Signed release required? No (signed release required for Employer requests only)</p> <p>Methods of transmission: Mail or fax</p> <p>Fee: No</p>
New Hampshire	<p>NHDCYF Central Registry 129 Pleasant Street Concord, NH 03301 Phone: (603) 271-8383</p> <p>Fax: (603) 271-4729</p> <p>Contact: Susan Hallett-Cook</p>	<p>Form: 2202A Central Registry Name Search Authorization Release of Information to Third Party Go to: http://www.dhhs.nh.gov/hr/documents/registry.pdf</p> <p>Form Required? Yes</p> <p>Signed release required? Yes - Notarized</p> <p>Methods of transmission: Mail ,original required, include SASE</p> <p>Fee: No</p> <p>Website</p>
New Jersey	<p>Department of Children & Families Office of Licensing/CARI Unit P.O. Box 717 Trenton, NJ 08625-0717</p> <p>Phone: (609) 888-7711 Toll-Free: (877) 667-9845 Contact: Judith Williams</p>	<p>Form: Yes Form Required: CHILD ABUSE RECORD INFORMATION FORM. See New Jersey Website for instructions.</p> <p>Signed release required? Yes</p> <p>Methods of transmission: Mail, original signature required, include SASE</p> <p>Fee: No</p> <p>Website</p>
New Mexico	<p>CYFD Protective Services CRC Unit Room 225 PO Drawer 5160 Santa Fe, NM 87502</p> <p>Phone: (505) 827-8400 Contact: Ask for CRC Unit</p>	<p>Form: Yes – Abuse & Neglect Check for Prospective Foster/Adoptive Parents Form Required? Yes, go to website for form Signed release required? Yes – Notary Required</p> <p>Methods of transmission: Mail - Original Signature</p> <p>Fee: No</p> <p>Website: https://cyfd.org/for-providers/info-and-manuals</p> <p>E-mail: CYFD.PSCriminalReco@state.nm.us</p>

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State	Contact Information	Procedures / Forms
New York	Office of Children & Family Services	Form: Adam Walsh Authorization for Request for Information

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	<p>New York State Central Register P.O. Box 4480 Albany, NY 12204</p> <p>Form Info: (518) 474-5297 Phone: (800) 342-3720 Fax: (518) 486-3424</p> <p>Contact: Roberta Frederick</p>	<p>Form Required? Yes – NY Form Type Adam Walsh in search field</p> <p>Signed release required? Yes - notarized</p> <p>Methods of transmission: Mail only, original required</p> <p>Fee: No</p> <p>Website:</p>
<p>North Carolina</p>	<p>N.C. Division of Social Services 820 S. Boylan Ave., MSC 2408 Raleigh, North Carolina 27699-2408 Attn: RIL</p> <p>Fax: (919) 715-6714</p> <p>Contact: Child Welfare Policy Section Phone: (919) 527-6340</p>	<p>Form Required? Yes DSS-5268</p> <p>Form: NC Form</p> <p>Instructions: Website</p>
<p>North Dakota</p>	<p>Department of Human Services Children & Family Services 600 E. Boulevard Avenue, Dept 325 Bismarck, ND 58505-0250</p> <p>Phone: (701) 328-1846 Fax: (701) 328-0358 Contact: Tara Reed</p> <p>Email: dhscfscbc@nd.gov</p>	<p>Form: SFN 433 Child Abuse and Neglect Background Inquiry ND Form</p> <p>Form Required? Yes</p> <p>Signed release required? Yes, part of SFN 433</p> <p>Methods of transmission: Faxed, E-mailed, or mailed</p> <p>Fee: No Website</p>
<p>Ohio</p>	<p>Ohio Dept. of Job & Family Services Office of Families & Children PO Box 183204 Columbus, OH 43218-3204</p> <p>Phone: (614) 752-1298 (866) 635-3748 OPTION 2</p> <p>Fax: (614) 728-6726</p> <p>Contact: Barbara Parker Email: Barbara.Parker@jfs.ohio.gov Janice Blue Email: Janice.blue@jfs.ohio.gov</p>	<p>Form: No</p> <p>Methods of transmission: E-mail to Barbara Parker, fax or US Mail. E-mail transmission is preferred.</p> <ul style="list-style-type: none"> • Request must be submitted on the agency letterhead. • Request must state that searches are required for the Adam Walsh Child Protection and Safety Act of 2006 (or AWA) and the subject of the searches previously resided in Ohio. • Note the specific reason searches are required; e.g., prospective foster parent or applicant for a U.S. adoption. • Request should state the full names of individuals requiring searches, including maiden or other names used; date of birth, Social Security Number and, optionally, home address while living in Ohio. <p>Signed release required: No</p> <p>Fee: No</p> <p>Website: http://jfs.ohio.gov/ocf/childprotectiveservices.stm</p>

Updates for information listed here should be directed to: Lynnette.White-Bowen@DSS.CA.GOV

ADAM WALSH STATE CONTACTS FOR CHILD ABUSE REGISTRIES

Updated October 14, 2016

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State	Contact Information	Procedures / Forms
Oklahoma	<p><u>Request Processing Worker</u></p> <p>David Burgess</p> <p>OK Department of Human Services Children & Family Services Division Attn: David Burgess PO Box 25352 Oklahoma City, OK 73125</p> <p>Office: (405) 522-4051 Fax: (405) 521-4373</p> <p>Email: David.Burgess@okdhs.org</p> <p><u>Request Processing Supervisor</u></p> <p>Charlotte Kendrick LCSW Program Administrator-Protection & Prevention OKDHS - Child Welfare Services</p> <p>Office: (405) 521-3811</p> <p>Email: Charlotte.Kendrick@okdhs.org</p>	<p>Form: Requesting Agency Letterhead Signed Release Required? No</p> <p>Method of Transmission: Preferred Email – caniscps@okdhs.org Other – FAX 405-521-4373</p> <p>Requests must be made by email to caniscps@okdhs.org, or fax to 405-521-4373 and should include the purpose of the request, names/identifying information of family members for which history is being requested, and a return email address and fax number. <u>Please DO NOT EMAIL THE REQUEST DIRECTLY TO THE PROCESSING WORKER'S PERSONAL EMAIL AS IT WILL NOT BE RESPONDED TO.</u></p> <p>Requests may take up to four to six weeks to process.</p> <p>Specific case scenarios that require a more expedient response must be justified in the request.</p> <p>****Please note: Oklahoma does not have a public child abuse registry. Oklahoma State Statutes are very specific as to what Child Welfare Services information maintained by the Oklahoma Department of Human Services can be released. Such records may only be made available when a current child abuse and neglect investigation is being conducted on an individual(s) by a child protective services agency, a district attorney's office, or a public law enforcement agency. Otherwise a court order rendered in Oklahoma is required for release of child abuse and neglect information. Requests for history for any other purpose, including foster care and placement will be sent a response letter stating the above information. Furthermore per Social Security Act, 42 U.S.C. § 671 once a State has verified that another State does not maintain a CAN registry, the requesting State is not required to keep making requests to that State to make a registry check. States that do not maintain a CAN registry are not required by section 471(a)(20)(C)(ii) of the Social Security Act to provide child abuse and neglect information to a requesting State on adult members of a prospective foster or adoptive parent's home.</p>
Oregon	<p>Oregon Department of Human Services - Background Check Unit P.O. Box 14870 Salem, OR 97309-5066</p> <p>Fax: (503) 378-6314 Attn: Adam Walsh Coordinator</p> <p>Email: Adam-Walsh.Oregon@state.or.us</p>	<p>Form Required? No. Signed release required? No</p> <p>Put request on agency letterhead. Include the full name, maiden name, any other akas of each applicant, their gender, DOB, SS#, reason for request: adoption or foster. Requests should state that the information is required to comply with the Adam Walsh Child Protection and Safety Act of 2006</p> <p>You may email your request to Adam-Walsh.Oregon@state.or.us attach the letterhead document.) The results will be securely emailed back.</p> <p>Methods of transmission: Email, fax or mail</p>
Pennsylvania	<p>ChildLine & Abuse Registry Department of Public Welfare PO Box 8170 Harrisburg, PA 17105-8170</p> <p>Phone: (717) 783-4571 Toll-Free: (800) 932-0313</p> <p>Contact: Tracey Isom Email: TIsom@state.pa.us</p>	<p>Form: CY 113 Pennsylvania Child Abuse History Clearance Form Form Required? Yes RELEASE FORM: Signed release required? No, but In order for the results to be mailed to a third party each applicant will have to complete the attached form and have it mailed in with the PCAHC (CY-113). Go to: KeepKidsSafe.PA.gov for forms Methods of transmission: Original signature required, mail only</p> <p>Fee: \$ 8.00 fee to Dept. of Public Welfare Website</p>

Updates for information listed here should be directed to:

This document changes frequently, always refer to the latest version on the CDSS Adam Walsh Page

http://cclid.ca.gov/AdamWalshI_2609.htm

ADAM WALSH STATE CONTACTS FOR CHILD ABUSE REGISTRIES

Updated October 14, 2016

Lynnette.White-Bowen@DSS.CA.GOV

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State	Contact Information	Procedures / Forms
Puerto Rico	Directora Centro Estatal PO Box 11398 San Juan, PR 00910-1398 Phone: (787) 625-4900 ext 1720 Contact: Wilda Moczecuma OR Damaris Medina E-Mail WMoczecuma@familia.pr.gov Or DMedina@familia.pr.gov	Form: Yes Form Required? Yes – attached on the bottom of this list. Signed release required? No Methods of transmission: ejrivera@adfan.pr.gov Fee: No Not clear if there is a registry for child abuse. There is a sexual offender registry
Rhode Island	Rhode Island State Central Registry & Child Abuse Hotline DCYF 101 Friendship St, 2nd Floor Providence, RI 02903 Phone: (800) 742-4453 (401) 528-3842 Fax: (401) 528-3480 Contact: Jan Mitchell Email: Maria.butts@dcyf.ri.gov	Form: No Form Required? Request on state letterhead Signed release required? Yes, and witnessed Methods of transmission: US mail only Fee: \$10.00 make check payable to: General Treasurer, State of Rhode Island Website
South Carolina	South Carolina Department of Social Services Central Registry P.O. Box 1520 Columbia, SC 29202-1520 Phone: (803) 898-7318 Fax: (803) 898-7641 Contact: Barbara Atiba or Faye Chandler Email: Barbara.Atiba@dss.sc.gov Faye.Chandler@dss.sc.gov	Form: DSS Form 3072 Consent to Release Information Go to: SC Form Form Required? Yes. Signed release required? Yes, witnessed or notarized Methods of transmission: Original signature required, mail only Fee: \$8 Website: www.state.sc.us/dss
South Dakota	Department of Social Services/CPS 700 Governors Drive Pierre, SD 57501-2291 Phone: (605) 773-3227 FAX: (605) 773-6834 Contact: Nicole LeBeau Email: nicole.lebeau@state.sd.us	Form: Yes. Contact by phone for instructions. Form Required? Yes Signed release required? Yes, witnessed and notarized Methods of transmission: Mail, original required Fee: No
Tennessee	Genora Wilson, CPS History Search Specialist CPS History Searches and Due Process Review Tennessee Dept. of Children's Services 436 – 6 th Avenue North Cordell Hull Bldg, 8 th Floor Nashville, TN 37243 Phone: (615) 532-9856	Form: Yes Form Required? Yes Signed release required? Yes A copy of the person's signed "authorization to release information" specifically stating information is to be released from Tennessee Department of Children's Services to your agency. NOTE : This is NOT a TN form. This is a form that your agency should have, giving permission for "your" agency to "request" the information and "our" agency (TN Department of Children's Services)" to "release" any CPS history information to "you". Send a cover letter on your agency's letterhead briefly stating the reason you are requesting a central registry search. Methods of transmission: E mail ONLY: EI_DCS_CPS_CentralRegistryCheck@tn.gov (Note: if typed, spaces are underscored) In the subject line enter Out of State Request along with applicant's first initial and last name. Fee: No Website ctrl click and then search for Form CS-0741. Complete form and send

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http://ccld.ca.gov/AdamWalshI_2609.htm

ADAM WALSH STATE CONTACTS FOR CHILD ABUSE REGISTRIES

Updated October 14, 2016

		in Word format.
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State	Contact Information	Procedures / Forms
Texas	<p>Texas Department of Family & Protective Services Centralized Background Check Unit PO Box 149030 Mail Code 121-7 Austin, TX 78714-9030 1-800-645-7549 Fax: (512) 339-5871</p> <p>Contacts: 1-800-645-7549</p>	<p>Form: 2970 Request for Child Abuse/Neglect Central Registry. Effective August 1, 2014, use revised form dated JUNE 2014. Form Required? Yes</p> <p>Signed release required? Yes, witnessed AND notarized</p> <p>Please Notice: DFPS Centralized Background Check Unit (CBCU) now accepts Central Registry requests electronically. Requestors can scan/email the 2970 form directly to: TXAbuseNeglectBGC@dfps.state.tx.us or fax to: (512) 339-5871. If you have questions or are seeking the status of a check, you can utilize the email address or call the Support Line (1-800-645-7549). CBCU will continue to accept the 2970 by regular mail, as well. Requestors should access the most current form by going to the DFPS website and searching for the 2970 form, found here: http://www.dfps.state.tx.us/site_map/forms.asp IF this request is for a CPS investigation: SWI (Statewide Intake), takes requests like these. The caseworker needs to put their request on their state agency's letterhead and fax it to: 800-647-7410. The letterhead should include as much identifiers as possible on the subjects of the BGC, including any prior addresses. SWI can be reached at 1-800-252-5400 Fee: No Website</p>
Utah	<p>Division of Child & Family Services Department of Human Services Attn: Background Screening 195 North 1950 West Salt Lake City, UT 84116</p> <p>Phone: (801) 538-4466 Fax: (801) 538-3993</p> <p>Contact: Nora Wilson Email: norawilson@utah.gov</p>	<p>Form: http://dcfs.utah.gov/pdf/forms/InformedConsent.pdf NEW FORM REVISED JANUARY 2016</p> <p>Form Required? Yes ID Needed: Client drivers license or passport</p> <p>Signed release required? Yes Methods of transmission: Mail, fax or e-mail, also include a copy of the person's picture identification Fee: No Website</p>
Vermont	<p>Child Abuse Registry Unit DCF/Family Services Division 103 South Main Street, Osgood 3 Waterbury, VT 05671-2401</p> <p>Phone: (802) 871-6474 Fax: (802) 241-3301</p> <p>Contact: Dianne Jabar Email: Dianne.jabar@state.vt.us</p>	<p>Form: Request for Information from the Vermont Child Protection Registry http://dcf.vermont.gov/sites/dcf/files/pdf/Registry_Self_Check.pdf</p> <p>Form Required? Yes</p> <p>Signed release required? Yes</p> <p>Methods of transmission: U.S. Mail, include SASE Fee: No http://dcf.vermont.gov/child_protection_registry</p>
Virginia	<p>Virginia Dept. of Social Services Child Abuse Central Registry Unit OBI Search Unit 801 East Main Street, 6th Floor Richmond, VA 23219-2901 Phone: (804) 726-7567 Toll-Free: (800) 552-7096 Fax: (804) 726-7897 Contact: Betty Whittaker, Central Registry Supervisor</p>	<p>Form: 032-02-0151-12 Central Registry Release of Information Form Go to: www.dss.virginia.gov</p> <p>Form Required? Yes Signed release required? Yes, and notarized (complete Certification section of form and attach notary form) Methods of transmission: Original signature required, mail only</p> <p>Fee: Yes - \$10 (EFFECTIVE 08/18/2015) Website:</p>

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http://ccld.ca.gov/AdamWalsh1_2609.htm

ADAM WALSH STATE CONTACTS FOR CHILD ABUSE REGISTRIES

Updated October 14, 2016

	Email: betty.whittaker@dss.virginia.gov	
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State	Contact Information	Procedures / Forms
Virgin Islands	Department of Human Services Children & Family Services Division Intake and Emergency Services Knud Hansen Complex 1303 Hospital Ground St. Thomas, VI 00802 Phone: (340) 774-0930 ext 4393 Fax: (340) 774-0082 Contact: Carla Benjamin, Administrator Email: carla.benjamin@gmail.com Janet Turnbull-Krigger, Administrator Email: turnbullkrigger@yahoo.com	Form: No, Place request information on letterhead Signed release required? No Method of transmission: email Fee: no
Washington	DSHS Children's Administration, FISCAL NCIC Access Unit Central Intake Office Attn: CAN History Check PO Box 45710 Olympia, WA 98504-5710 Phone: (800) 562-5624 Fax: (206) 464-7464 Contact: Lucy McCornell Email: CANhistorychecks@dshs.wa.gov	Form: https://www.dshs.wa.gov/ca/child-safety-and-protection/child-abuse-and-neglect-information-requests-other-states Form Required? Yes and TYPED Signed release required? Yes Methods of transmission: Mail, email and fax Fee: \$20.00
West Virginia	West Virginia Department of Health & Human Resources 350 Capitol Street, RM 691 Charleston, WV 25301 Phone: (304) 558-4408 Toll-Free: (800) 352-6513 Fax (304) 558-5354 Contact: Cher O'Brien Email: fc697@wvdhhr.org	Form: BCF-PSRC Authorization and Release for Protective Services Record Check Go to: WV Form Form Required? Yes New FORM and New INSTRUCTIONS effective 3/1/2014 Signed release required? Yes, require original signature Methods of transmission: Original signature required, mail only Fee: No Website:
Wisconsin	Department of Safety and Permanence 201 E. Washington Street Madison, WI 53703 E-Mail Address:	Form: http://dcf.wisconsin.gov/forms/doc/5065.doc Form Required? YES Signed release required? Yes Methods of transmission: E-Mail or fax

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http://ccld.ca.gov/AdamWalshI_2609.htm

ADAM WALSH STATE CONTACTS FOR CHILD ABUSE REGISTRIES

Updated October 14, 2016

	CWBckgrdRequests@wisconsin.gov nsin.gov Fax: (608) 226-5521	Fee: Not at state level but counties may charge a fee No Central Registry Website
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State	Contact Information	Procedures / Forms
Wyoming	Department of Family Services 2300 Capitol Ave. 3 RD Floor Cheyenne, WY 82002 Phone: (307) 777-5894 Fax: (307) 777-3693 Contacts: Stephanie Ross (307) 777-5894 OR Heidi Teasley (307) 777-5491 Email: sross@wyo.gov heidi.teasley@wyo.gov	Form: SS-26EX Application for Child Abuse/Neglect and Adult Central Registry Screens and Wyoming Criminal History Record Prescreens WY Form Form Required? Yes, include all pages and a Self-Addressed Envelope Signed release required? Yes with original signature Methods of transmission: Original signature required, mail only Fee: \$10.00 (Waived for a state agency request) Website

Updates for information listed here should be directed to: Lynnette.White-Bowen@DSS.CA.GOV

PUERTO RICO FORM BELOW

ADAM WALSH STATE CONTACTS FOR CHILD ABUSE REGISTRIES
Updated October 14, 2016

ADAM WALSH STATE CONTACTS FOR CHILD ABUSE REGISTRIES

Updated October 14, 2016

GOBIERNO DE PUERTO RICO
 DEPARTAMENTO DE LA FAMILIA
 ADMINISTRACION DE FAMILIAS Y NIÑOS
 CENTRO ESTATAL DE PROTECCION A MENORES
 REGISTRO CENTRAL DE CASOS DE PROTECCION

SOLICITUD DE BÚSQUEDA DE ANTECEDENTES DE MALTRATO, MALTRATO INSTITUCIONAL, NEGLIGENCIA Y NEGLIGENCIA INSTITUCIONAL

Parte I: Para ser Completada por la Agencia o el Individuo Solicitante

Nombre de la Agencia o Individuo Solicitante		Apodo
Dirección Postal		
Dirección Residencial		
Número de Teléfono	Número de Fax	Correo Electrónico

Propósito de la Búsqueda:

- | | | |
|--|--|---|
| <input type="checkbox"/> Adopción | <input type="checkbox"/> Adopción Privada | <input type="checkbox"/> Comunidad |
| <input type="checkbox"/> Cuidado Sustituto | <input type="checkbox"/> Patrono | <input type="checkbox"/> Otros: Especifique _____ |
| <input type="checkbox"/> Licenciamiento | <input type="checkbox"/> Servicios Interagenciales | |

Parte II: Complete la Información sobre la Persona de Quien se Hace la Búsqueda de Antecedentes:

Datos de Identificación:

Nombre:	Inicial	Apellidos	Género: <input type="checkbox"/> F <input type="checkbox"/> M
Fecha de Nacimiento: (Día/Mes/Año)	Edad		
Número de Seguro Social: XXX-XX-	Estatus Civil:		

Dirección de los Últimos Cinco (5) Años:

Direcciones (Comenzando con la más reciente. Identifique Barrio, Sector, Urbanización, Núm. Calle, Número de Apartamento)	Desde Día-Mes-Año	Hasta Día-Mes-Año
Dirección 1:		
Dirección 2:		
Dirección 3:		
Dirección 4:		
Dirección 5:		

ADAM WALSH STATE CONTACTS FOR CHILD ABUSE REGISTRIES

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SOLICITUD DE BÚSQUEDA DE ANTECEDENTES DE MALTRATO,
MALTRATO INSTITUCIONAL, NEGLIGENCIA Y NEGLIGENCIA INSTITUCIONAL

Ocupación del Solicitante: _____ Lugar Actual de Trabajo: _____
Lugar Anterior de Trabajo: _____

¿Ha trabajado en alguna institución de servicios a menores? Sí No Especifique

Centro de Cuido Hogar de Grupo Centro de Tratamiento a Menores

Albergue Campamento Hogar de Crianza

Escuela Pública o Privada Institución Juvenil Centros Residenciales de Rehabilitación
(Adicción, Alcoholismo, Salud Mental y de Salud)

Datos de Identificación de los Miembros del Núcleo Familiar Actual: (Incluya nombres de: hijos/as propios/as, hijastros/as, hijos/as de crianza, aunque ya sean adultos/as y actualmente no vivan con usted)

Apellidos, Nombre (Adultos)	Fecha de Nacimiento			Edad	Sexo		Relación con el/la Solicitante
	Día	Mes	Año		M	F	
Apellidos, Nombre (Menores de 18 Años de Edad)							

Datos de Identificación de los Miembros del Núcleo Familiar Anterior (si aplica): (Incluya nombres de: esposas/os anteriores, hijos/as propios/as, hijastros/as, hijos/as de crianza, aunque actualmente no vivan con usted)

Apellidos, Nombre (Adultos)	Fecha de Nacimiento			Edad	Sexo		Relación con el/la Solicitante
	Día	Mes	Año		M	F	
Apellidos, Nombre (Menores de 18 Años de Edad)							

ADAM WALSH STATE CONTACTS FOR CHILD ABUSE REGISTRIES

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SOLICITUD DE BÚSQUEDA DE ANTECEDENTES DE MALTRATO,
MALTRATO INSTITUCIONAL, NEGLIGENCIA Y NEGLIGENCIA INSTITUCIONAL

Certificación y Consentimiento:¹

Certifico que la información contenida en este formulario, es correcta y autorizo al Centro Estatal, Registro Central de Casos de Protección a Menores, a realizar los procedimientos correspondientes, basados en mi información personal, para certificar el resultado de la búsqueda de antecedentes de Maltrato, Maltrato Institucional, Negligencia y Negligencia Institucional.

_____ Nombre	_____ Firma	_____ Día-Mes-Año
_____ Nombre de Testigo de Firma	_____ Firma	_____ Día-Mes-Año

Autorizo que el resultado de esta búsqueda sea notificado a la Agencia o Individuo Solicitante (Parte I de esta Forma).

_____ Nombre

_____ Dirección

_____ Nombre	_____ Firma	_____ Día-Mes-Año
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LA/CMC/tdj
11/2010

¹Se utilizará testigo de firma o marca cuando se refiere a persona que no sabe leer ni escribir, no vidente, audio/impedido u otro que requiera asistencia para hacer la solicitud.