



Department of Human Services

REQUEST FOR CHILD ABUSE OR NEGLECT RECORDS

One of the following must be checked in order for the Pueblo County Department of Human Services to process your request for Child Abuse or Neglect records and reports. I attest under penalty of law that I am:

A person named in the report or record who was alleged as a child to be abused or neglected or, if the child named in the report or record is a minor or is otherwise incompetent at the time of the request, his or her guardian ad litem. [CRS 19-1-307(d)]

A parent*, legal guardian/custodian [must provide copy of current court order], or other person responsible for the health or welfare of a child named in a report, or the assigned designee of any such person acting by and through a validly executed power of attorney, with protection for the identity of reporters and other appropriate persons [CRS 19-1-307(e)]. *19.1.103 (82) (a) & (b) define parent as a natural or adoptive parent whose parental rights have not been terminated.

All other individuals are to contact the Background Investigations Unit of the State of Colorado Department of Human Services.

PLEASE NOTE: If you wish to have copies made of the file or report, pursuant to CRS 24-72-205 (a) copies shall be provided with a fee of 25 cents per page. The individual requesting these records will be notified of the total preparation and copy fee. This amount must be paid before the records or reports will be released or reviewed. Any fees must be paid through check, or money order, made payable to the Pueblo County Department of Human Services, 320 W. 10 St. Pueblo CO 81008

INDIVIDUAL MAKING REQUEST

PLEASE PRINT LEGIBLY

_____	_____	_____	_____
First Name	Middle Name	Last Name	Alias/Maiden Name
_____	_____	_____	_____
Date of Birth	Sex: M/F	Relationship to Child/ren Listed Below	Email Address
_____	_____	_____	_____
Address	City/State/Zip Code		Phone Number

CHILD/REN—Please use full names. (Please add additional names on a separate piece of paper)

2) NAME: _____	DOB: _____
3) NAME: _____	DOB: _____
4) NAME: _____	DOB: _____
5) NAME: _____	DOB: _____
6) NAME: _____	DOB: _____

Please list the SPECIFIC and the EXACT information being requested (i.e. referral/case number(s), time frame of incident, etc.)



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STATEMENT OF WARNING-MISUSE OF INFORMATION

Colorado law provides for strict penalties for the misuse or sharing of confidential information.

- 1. I have read or had read to me this document and I understand the contents.
2. I recognize that the material given to me is confidential and I agree, under penalty of law, not to share it with any unauthorized person.
3. I understand that I may not harass or intimidate any party as a result of the information I obtain through these records/reports.

Signature of Person Requesting Records (If under the age of 18, parent signature required) Date of Request

You will be notified when the information from the check is available to be picked up. PLEASE NOTE: The information will not be released/mailed until the appropriate fees are received, please allow for 30 days calendar days after this request and fees are received. A copy of your driver's license is required and needs to be included with this request. You can hand deliver this request to 320 W. 10 St Pueblo Colorado 81003 or you can email this request to dhsrecordsrequest@pueblocounty.us This information being released will only be released to the person signing this request.

If you wish for the abuse/neglect check results to be mailed, or emailed to you, please complete the following Waiver and Authorization.

WAIVER AND AUTHORIZATION TO RELEASE AND MAIL INFORMATION

I authorize the Pueblo County Department of Human Services to release and mail/email the results of the child abuse and neglect records and reports check to:

RELEASE AND MAIL/EMAIL INFORMATION TO (PLEASE PRINT LEGIBLY If Email please include a copy of ID):

Name of Individual:
Mailing/Email Address: Address State Zip Code

Signature of Individual (If under the age of 18, parent signature required.) Date

THIS INFORMATION WILL ONLY BE MAILED/EMAILED TO THE PERSON SIGNING THIS RELEASE.

FOR INTERNAL USE ONLY

TOTAL AMOUNT DUE: \$

The records or reports were released or mailed to on by
(Print Name of Parent/Guardian) (Date)

, who verified ID
(DHS Staff) (State Issued & Number)