

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
 Division of Children, Youth and Families
 Child Protective Services

CHILD PROTECTIVE SERVICES RECORDS REQUEST

Child Protective Services (CPS) records and files are confidential and can be released only to those individuals and agencies authorized by law (A.R.S § 8-807 and § 41-1959). This form may be used by a parent; guardian; custodian; a child; a person who is the subject of CPS information; a prospective adoptive parent; foster parent; or an attorney representing any of these persons pursuant to A.R.S. § 8-807. Your signature must be notarized or identity verified. You must also provide documentation showing that you are authorized to obtain the information, such as a court order and/or an explanation of your connection to the records and reason for your request. The Department of Economic Security (DES) will strike out (redact) information that you are not entitled to, including the identity of the reporting person and any other person whose life or safety may be endangered by the disclosure. You must provide information as completely and accurately as possible to facilitate a record search and processing. **Mail the notarized form and required documentation to the Arizona Department of Economic Security, Division of Children, Youth and Families, Centralized Records Coordination Unit, P.O., Box 6123, Site Code 947A, Phoenix, Arizona, 85005; so your identity can be verified, or you may Fax your request to 602-636-5406.**

*DES requests that you provide the name(s) and Social Security number(s) of the child’s mother and father whose records you seek. The Social Security numbers are not required to be provided by you in order to obtain the records. However, supplying one or more of these numbers will greatly assist in matching your request to the correct individual(s), if any, in the CPS electronic records systems.

*The records request form you provide to CPS will be maintained for the period required by state law, but the Social Security number(s) will only be shared or released pursuant to law or a court order. If you do not supply one or more Social Security number(s) as requested, CPS may not be able to identify the records you seek.

REQUESTER'S NAME <i>(Last, First, M.I.)</i>	CASE RELATIONSHIP <i>(Parent, attorney, guardian, custodian, etc)</i>
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ADDRESS *(No., Street, City, State, ZIP)*

If the documents requested are about the requester, also provide:

BIRTHDATE	SOC. SEC. NO
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REQUESTER'S WORK PHONE NO.	REQUESTER'S HOME PHONE NO.
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REQUESTED DOCUMENTS *(Be specific so your request can be processed as quickly as possible)*

REASON FOR REQUEST *(If this request is for a family court case, include the court case number)*

INVOLVED CHILD(REN)'S NAME <i>(Last, First, M.I.)</i>	OTHER SPELLINGS	BIRTHDATE	*SOC. SEC. NO.
CHILD'S MOTHER'S NAME <i>(Last, First, M.I.)</i>		BIRTHDATE	*SOC. SEC. NO.
CHILD'S FATHER'S NAME <i>(Last, First, M.I.)</i>		BIRTHDATE	*SOC. SEC. NO.

I certify that I am the person indicated above and have attached documentation verifying my connection to the records. I also understand that all information I receive is confidential and shall not be further disclosed.

SIGNATURE OF PERSON REQUESTING INFORMATION	DATE
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See reverse for EOE/ADA/LEP/GINA disclosures

WITNESSED BY

STATE OF ARIZONA)
) SS.
County of)

_____, known to me or having been satisfactorily proven to be the person described in, and the executor of the foregoing instrument for the purpose therein contained, personally appeared before me on this _____ day of _____, 20_____.

(Signature of Notary Public) (Date) (My commission expires)

VERIFICATION BY CPS STAFF OF DRIVER'S LICENSE OR OTHER PICTURE IDENTIFICATION OF AN INDIVIDUAL WHO PRESENTS HIM/HERSELF PERSONALLY, AND A NOTARY PUBLIC IS UNAVAILABLE.

CPS Staff Person _____ CPS Staff Person _____
(Print Name) (Signature)

Type of Identification _____ Date _____

(Do Not Write Below This Line)

FOR AGENCY USE ONLY

- No records found. Mailed
- Note:** Records and files are deleted according to timeframes in A.R.S. § 8-804.01 or never existed Picked up
- Request for information is denied because requester is not entitled to it under A.R.S. § 8-807

Date Request Received

Preparers Signature _____
Date

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact 602-771-8203; TTY/TDD Services: 7-1-1. - Disponible en español en la oficina local.