

# CPS RECORDS REQUEST

1. a) Requester's name: \_\_\_\_\_

b) Date of Birth: \_\_\_\_\_

c) Address: \_\_\_\_\_

d) Contact phone number: \_\_\_\_\_

2. What is the relationship between the person requesting records and child/ children?

\_\_\_\_\_

3. List the full name and the date of birth of all the children for which records are being requested:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. What is the mother's name? \_\_\_\_\_

5. Who is the child living with? \_\_\_\_\_

6. What is the child's address? \_\_\_\_\_

\_\_\_\_\_

7. What is the date of the referral or case history the individual is requesting?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\*NOTE\***

ER SUPERVISORS WILL MAKE EVERY EFFORT TO PROCESS YOUR REQUEST IN A TIMELY MANNER. PENDING ON THE NUMBER OF REFERRALS REQUESTED, IT CAN TAKE A MINIMUM OF TWO WEEKS TO TWO MONTHS. BE SPECIFIC WITH DATE(S) OF REFERRALS. NO COPIES OF ANY CASES WILL BE RELEASED.

**PHOTO ID IS REQUIRED WHEN REQUESTING AND PICKING UP RECORDS.**