



State of Utah

GARY R. HERBERT
Governor

GREGORY S. BELL
Lieutenant Governor

Department of Human Services

PALMER DePAULIS
Executive Director

Division of Child and Family Services

BRENT PLATT
Director

FOR DCFS USE ONLY
Office Requested From: _____
Office Picked Up From: _____

**GOVERNMENT RECORDS ACCESS AND MANAGEMENT ACT
REQUEST FOR DCFS RECORDS**

Please complete this form by printing or typing all requested information. Incomplete information will result in delaying your request for records.

According to Utah law, the identity of the referent or information related to the person that reported the abuse or neglect is confidential and will not be released.

Referral/Case Number (If Available) _____

Requester's Full Name _____

Requester's Address _____

City _____ State _____ Zip _____

Requester's Telephone no. (Home) _____ (Work) _____ (Cell) _____

Requester's Date of Birth _____ Social Security Number _____

Mother of Children (Full Name) _____

Other names used (Initials, nickname, middle name, married and unmarried names) _____

Date of Birth of Mother _____ Social Security Number _____

Father of Children (Full Name) _____

Other names used (Initials, nickname, middle name, married and unmarried names) _____

Date of Birth of Father _____ Social Security Number _____

Names and Dates of Birth of all children that were living in the home at the time of this referral _____

Description of Specific Records Sought: (Please identify the incident, date, and/or timeframe of occurrence) _____

- I would like an appointment to inspect, but not copy the records at this time.
- I would like to receive a copy of the records. I understand that I may be responsible for fees for copying or research.

- I am requesting a waiver of copy costs because:
 - Releasing the record primarily benefits the public rather than a person (explain): _____

- I am the subject of the record.
- I am the authorized representative of the subject of the record.
- The record directly affects my legal rights, and I am impoverished.
- I am a member of the media requesting expedited response (attach a statement that the records are required for a story for broadcast or publication).
- I am requesting expedited response because this record request benefits the public rather than myself, as demonstrated by these facts: _____

If the requested records are not public, explain why you believe you are entitled to them:

- The record is **private**, and I am the subject of the record or the legal guardian* of a legally incapacitated individual who is the subject of the record.
- The record is **private**, and the subject of the record or his legal guardian has given me a signed and notarized release*, signed within 90 days of this request.
- The record is **private**, and the subject of the record has given me a power of attorney* that includes the right to obtain records.
- The record is **controlled**, and I am a physician, psychologist, certified social worker, insurance provider or producer, or a government public health agency, and the subject of the record or his legal guardian has given me a notarized release*, signed with 90 days of this request.
- The record is **protected**, and I am the person who submitted the record.
- The record is **protected**, and I have a notarized release*, or power of attorney* from all persons, governmental entities, or political subdivisions whose interests are protected by this classification.
- Other** (Please explain) _____

By signing below, I promise not to disclose these records to the subject, or anyone else, except where Utah Law authorizes such disclosure.

Requester's Signature: _____ Date: _____

***NOTE: PROOF OF IDENTITY AND ALL REQUIRED RELEASES, POWERS OF ATTORNEY, AND GUARDIANSHIP DOCUMENTS MUST BE SUBMITTED BEFORE RECORDS WILL BE DISCLOSED.**