



State of Utah

SPENCER J. COX
Governor

DEIDRE M. HENDERSON
Lieutenant Governor

DEPARTMENT OF HUMAN SERVICES

TRACY S. GRUBER
Executive Director

DIVISION OF CHILD AND FAMILY SERVICES
DIANE MOORE
Director

GOVERNMENT RECORDS ACCESS AND MANAGEMENT ACT
REQUEST FOR DCFS RECORDS

Please complete this form by printing or typing.

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 _____
Requestor's Email Address _____

Parent/Guardian of Children (Full Name) _____
Other Names Used (Initials, nickname, middle name, married and unmarried names) _____
Date of Birth _____ Social Security Number _____

Parent/Guardian of Children (Full Name) _____
Other Names Used (Initials, nickname, middle name, married and unmarried names) _____
Date of Birth _____ 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 Documents Sought: (Please identify the incident, date, and timeframe of occurrence and specifically what document (s) you are seeking. A request for "All documents" means all Activity Records, Child & Family Team Notes, and other documents prepared in the case identified. If you want to request an additional record not included in the above, please specify those records.)

I would like an appointment to inspect, but not copy the documents at this time.
I would like to receive a copy of the documents. I understand that I may be responsible for fees for copying or research.
I am requesting a waiver of copy costs because:
Releasing the document primarily benefits the public rather than a person (explain):

I am the subject of the document(s).

I am the authorized representative of the subject of the document. (Please provide documentation that you are the representative and a release of information as appropriate.)

The document 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 and please provide a proposed timeframe). _____

I am requesting expedited response because this record request benefits the public rather than myself, as demonstrated by these facts: _____

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

The document/record is **private**, and I am the subject of the document/record or the legal guardian* of a legally incapacitated individual who is the subject of the record.

The document/record is **private**, and the subject of the document/record or his legal guardian has given me a signed and notarized release*, signed within 90 days of this request.

The document/record is **private**, and the subject of the document/record has given me a power of attorney* that includes the right to obtain records.

The document/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 document/record or his legal guardian has given me a notarized release*, signed within 90 days of this request.

The document/record is **protected**, and I am the person who submitted the document/record.

The document/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) _____

Please be aware that records must be picked up in person by showing a photo identification once a response is ready.

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.**