

Request for Allegation Sealing

To be eligible for sealing, allegations must meet criteria as outlined in Administrative Rule R512-76. Requests that do not meet the eligibility criteria will be denied. Requestors are limited to one request per year. Please complete this form with all requested information. Incomplete requests will result in a delay.

Record Holder's Information

First Name _____ Middle Name _____ Last Name _____
Current Address _____
City _____ State _____ Zip _____
Phone Number _____ Date of Birth _____ Email address _____
Other Names Used (Initials, nicknames, married names, and unmarried names) _____

Case/Allegation Information

Case/Referral Number(s) if available _____
When did your CPS investigation(s) take place?
Month _____ Year _____
Month _____ Year _____
Where were you located when the CPS investigation(s) took place?
City _____ State _____ Zip _____
City _____ State _____ Zip _____

I have reviewed the criteria for sealing eligibility and believe my allegation(s) are eligible for sealing. The allegation(s) in question were not on a CPS case that resulted in an ongoing case or removal, were not deemed Severe and/or Chronic, and have not be substantiated by the Juvenile Court. I have not made another sealing request for these records within the last year.

I am the subject of these records
 I am requesting on behalf of my child, a minor under age 18, who is the subject of these records.

Requester's Printed Name _____
Requester's Signature _____ Date _____

Please send to: UTAH DCFS
CPS Sealing Requests
195 North 1950 West OR dcfs_expungements@utah.gov
Salt Lake City, UT 84116