



State of Utah

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## Department of Health & Human Services

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## GOVERNMENT RECORDS ACCESS AND MANAGEMENT ACT

### GENERAL INFORMATION FOR DIVISION OF CHILD AND FAMILY SERVICES (DCFS) RECORDS

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

#### Required Documentation

Requests that do not include the required documentation will be put on hold until all documentation is present. If the required documentation is not received within 30 days of the request, the request will be canceled.

Every request must include:

- A written request containing the requester's name, mailing address, daytime telephone number (if available), and a description of the record(s) requested that identifies the record with reasonable specificity (Utah Code 63G-2-204)
- A valid ID to verify the identity of any persons requesting records that are classified as private, protected, or controlled. **DCFS cannot release any private, protected, or controlled records without ID verification.** (Utah Code 63G-2-202 (6))

Requests for Child Protection Services (CPS) records must include:

- A signed Agreement Waiver (Utah Code 80-2-1002 and 80-2-1005)

Requests made by attorneys or authorized representatives must include:

- The power of attorney or a notarized release dated no more than 90 days before the date the request is made (Utah Code 63G-2-202 (1))

Requests from out-of-state agencies must include:

- A signed Written Agreement containing your business address, business phone number, and photo identification (preferably a photo ID badge used for your employment)

#### Tips for GRAMA Requests for DCFS Records

The more specific and narrow your request, the easier it will be for DCFS to locate the correct records and respond to your request.

Please identify which documents are needed from the requested record(s). Documents may include Activity Records, Child & Family Team notes, audio interviews, case summaries, and others. Requests for "all documents" will include all documents prepared in the case identified. Depending on the record, **this can add significant time to preparing and releasing records**. Please be as specific and narrow in your request as possible. If you have signed a notarized release for other parties to access "all documents" in a record, this will give them access to all documents prepared in the case identified.

## REQUEST FOR DCFS RECORDS

### Records Information

Please note: A response to your request will be available within 10 business days. An initial response may not be an approval or denial of your request.

Specific description of records sought:

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Case numbers (if known): \_\_\_\_\_

Month and year or date range (if known):

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Names and dates of birth of all persons involved in the records and your relation to them:

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- 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 and am able to pay any associated fees\*
- I would like to receive a copy of the records and request a fee waiver because:
  - I am the subject, or authorized representative, of the record
  - The record directly affects my legal rights, and I am unable to afford a fee
  - Releasing the record primarily benefits the public
  - Please explain: \_\_\_\_\_

\*DCFS does its best to provide records free of charge but reserves the right to request fee payment

For audio interview records, please choose **one option**\* from below:

\*if both are selected, only the audio will be provided

If audio interviews are part of my requested records, I agree to receive a transcript copy of the interview rather than the recorded audio format

OR

If audio interviews are part of my requested records, I would like to receive the records in audio format and understand this may lengthen the time it takes to receive the records and may result in a fee

**Requester Information**

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Please explain why you believe you are entitled to non-public records:

- I am the subject of the record or the parent/legal guardian of the subject of the record
- The subject of the record or the parent/legal guardian of the subject of the record has given me a signed and notarized release, signed within 90 days of this request
- The subject of the record has given me power of attorney that includes the right to obtain records
- I am the person who submitted the record
- I am part of another governmental entity and am requesting records for record sharing per Utah Code 63G-2-206
- I am a member of the media (attach a statement that the records are required for a story for broadcast or publication with a proposed timeframe)
- Other (please explain) \_\_\_\_\_

Please acknowledge the following conditions with your initials:

\_\_\_\_\_ I understand the identity of the referent or information related to the person who reported abuse or neglect is **confidential and will not be released**.

\_\_\_\_\_ I understand a valid ID and all required documentation (e.g. applicable releases and waivers, powers of attorney, guardianship documents) must be submitted with this request.

\_\_\_\_\_ I understand that if required documentation is not received within 30 days of my request, my request will be canceled, and I will need to submit a new request with all required documentation.

By signing below, I promise to only disclose these records as allowed by law. I understand state and federal law prohibit me from improperly using confidential child abuse and neglect information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_