



State of Utah

SPENCER J. COX  
Governor

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Lieutenant Governor

## Department of Health & Human Services

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Deputy Director

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Deputy Director

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Deputy Director

UTAH DHHS - DCFS  
GRAMA02

### 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 \_\_\_\_\_

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 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.**