



Child Abuse History Record Request for CHILD WELFARE AGENCIES

NOTE: This form must be submitted by the child welfare agency identified at the bottom of this page. These requests are for Child Abuse and Neglect Investigations OUTSIDE the state of Florida. The applicant may NOT SUBMIT THIS FORM DIRECTLY to the Department of Children & Families.

ONE APPLICANT PER FORM

ALL HOUSEHOLD MEMBERS MUST BE SUBMITTED INDIVIDUALLY, ON A SEPARATE REQUEST FORM AND EMAIL

APPLICANT INFORMATION

Does the applicant reside in your state? YES NO
Is the applicant a subject of an abuse/neglect investigation or ongoing case in your state? YES NO

Applicant Name _____
(Please Print Clearly – Last Name, First, Middle)

Applicant: SSN: _____ DOB: _____ Race: _____ Sex: _____ Prior Name(s): _____
Current Non-Florida Address: _____

(Include city, state, and Zip Code)

Please use another request form for additional household members

REQUESTING CHILD WELFARE AGENCY INFORMATION

Reason for Record Search:

Ongoing Child Protective Case

Active Investigation

Closed Investigation/Case

Other _____

Comments:

Agency Name _____ Agency Phone: _____

Address: _____
Mailing Address City, State Zip Code

Requester Name: _____

Requester Position: _____ Requestor Email: _____

Alternate Requester Name: _____

Alternate Requester Position: _____ Alternate Requester Phone: _____

I understand it is a misdemeanor of the first degree for any agency to use or release abuse, neglect or abandonment information to others. The information is CONFIDENTIAL and may be used only for the purpose for which it was obtained.

Signature of Requestor

Date

Please return to DCF via email:
Attention: Child Welfare Abuse/Neglect Investigation
email: hqw.cpi.requests@myflfamilies.com