



# 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](mailto:hqw.cpi.requests@myflfamilies.com)**