

RECORDS REQUEST
DIVISION OF CHILDREN, YOUTH AND FAMILIES

NOTE THAT ONLY INTAKE RECORDS PRODUCED BY THE JEFFERSON COUNTY DIVISION OF CHILDREN, YOUTH AND FAMILIES MAY BE RELEASED.

I, _____, on this date _____, hereby request
Print your name *Today's date*
copies of Child Abuse/Neglect Reports from Jefferson County Department of Human Services regarding the information surrounding the following, **(Include incident date(s) or other identifying information to help locate the proper records.)**

This information involves *(the requestor's name must also be listed below)*:

Name	Relation	Date of Birth	Name	Relation	Date of Birth
	MOTHER			CHILD or OTHER	
	FATHER			CHILD or OTHER	
	CHILD			CHILD or OTHER	
	CHILD			CHILD or OTHER	

The Caseworker for this case was: _____ If possible I
would like the reports by *(See below)*: _____ at _____

Date *Time*

I can be contacted by phone at: (_____) _____ between _____ am/pm and _____ am/pm

My Address is: _____

Email address: _____ Secure fax #: _____

Read below carefully: Due to COVID-19, all records requests are being emailed to the requestor.

I understand that there is a fee of \$1.25/page for processing, payable to the "Jefferson County Treasurer" that must be paid before I am emailed my requested records; that I am required to show proof of my identity; that processing of requests are completed in the order they are received. I understand records cannot be released until completed, approved and paid for.

It can take up to 5 weeks or longer to complete a request.

Additional Release of Information and Identification may be required for records concerning children aged 15 and older, step children, non-family members, spouses and others.

SIGNATURE: _____

Complete and return this form to: CYFRecordsManagement@jeffco.us as a PDF Document, or mail to or drop off at: Jefferson County Human Services, 900 Jefferson County Parkway, Rm 230, Golden, CO 80401

When completed the reports will be emailed to you.