

RECORDS REQUEST
DIVISION OF CHILDREN, YOUTH, FAMILIES
AND ADULT PROTECTION

I, _____, on this date _____, hereby request
Print your name and relationship to subject of request *Today's date*
copies of Child abuse/neglect reports from the Jefferson County Department of Human Services as follows:

- Any/all releasable records
- Specific incident or timeframe - provide date(s) here: _____

This information involves:

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

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

My preferred method of contact is:

- Email _____
- Phone _____

I have included the following documentation:

- Proof of identity (Notarized copy of valid State ID or Driver's License)
- Release of information
- Court order (if applicable)
- Other (specify) _____

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

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.