

When Requesting CHILD WELFARE REFERRAL REPORTS

Please note:

The Child Welfare Assessment Investigating Case Manager has 60 days to finish assessments/interviews from the time the referral was taken, and enter it into the computer system.

The Records Custodian has 30 days after receiving the attached paperwork back from you to complete your request. Once the records are pulled they will be sent to the Mesa County Attorney Office for Redaction. This may take up to an additional 2 weeks for them to contact you for pick up.

For Former Foster Care Records, please allow records custodian 60 days to pull records. **Please Note:** These records also have to go through the Mesa County Attorney's Office for redaction and may take an additional 30 days to get back.

In order for us to complete your request:

1. Fill out the Child Welfare Records Request form (attached) and be specific as to what referral(s) you are looking for.
2. Page 2 will need to be notarized. (There are notaries at DHS for your convenience)
3. If you are applying online, please attach a copy of your ID when returning your request.
4. Once the Records Custodians has received your request form, and copy of your ID, we will start your request. Please include a good phone number so we can call you when your request is complete.

Thank you,
Mesa County Records Department
(970)683-2617



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REQUEST FOR CHILD ABUSE OR NEGLECT RECORDS AND REPORTS INDIVIDUAL INQUIRY

One of the following must be checked in order for the Mesa County Department of Human Services to process your request for Child Abuse or Neglect records and reports. I attest under penalty of law that I am:

- A person named in the report or record who was alleged as a child to be abused or neglected or, if the child named in the report or record is a minor or is otherwise incompetent at the time of the request, his or her guardian ad litem. [CRS 19-1-307(d)]
- A parent*, legal guardian/custodian [must provide copy of current court order], or other person responsible for the health or welfare of a child named in a report, or the assigned designee of any such person acting by and through a validly executed power of attorney, with protection for the identity of reporters and other appropriate persons [CRS 19-1-307(e)]. *19.1.103 (82) (a) & (b) define parent as a natural or adoptive parent whose parental rights have not been terminated.
- An applicant for a license to operate a child care facility, when the applicant, as a requirement of the license application, has given written authorization to the licensing authority to obtain information contained in records or reports of child abuse or neglect. [CRS 19-1-307(j)]

All other individuals are to contact the Background Investigations Unit of the State of Colorado Department of Human Services.

PLEASE NOTE: Your signature must be notarized. If you wish to have copies made of the file or report, pursuant to CRS 24-72-205 (a) copies shall be provided for 25 cents per standard page. This is in addition to a \$20.00 minimum per hour preparation fee if manipulation of the data is required (i.e., deleting protected information). The assigned Support Team staff shall notify the requesting individual of the total preparation and copy fee. This amount must be paid before the records or reports will be released or reviewed. Any fees must be paid through cash (exact change only), check, or money order, made payable to the Mesa County Department of Human Services, P.O. Box 20000-5035, Grand Junction, CO 81502-5001.

INDIVIDUAL MAKING REQUEST

PLEASE PRINT LEGIBLY

_____	_____	_____	_____
First Name	Middle Name	Last Name	Alias/Maiden Name
_____	_____	_____	_____
Date of Birth	Sex: M/F	Relationship to Child/ren Listed Below	Email Address
_____	_____	_____	_____
Address	City/State/Zip Code	Phone Number	

CHILD/REN—Please use full names. (Please add additional names on a separate piece of paper and attach to this form)

1) NAME: _____	DOB: _____	SEX: _____
2) NAME: _____	DOB: _____	SEX: _____
3) NAME: _____	DOB: _____	SEX: _____
4) NAME: _____	DOB: _____	SEX: _____
5) NAME: _____	DOB: _____	SEX: _____
6) NAME: _____	DOB: _____	SEX: _____

SPECIFIC INFORMATION BEING SOUGHT (Please print legibly):



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STATEMENT OF WARNING-MISUSE OF INFORMATION

Colorado law provides for strict penalties for the misuse or sharing of confidential information. Pursuant to 19-1-307 (4), "any person who improperly releases or who willfully permits or encourages the release of data or information contained in the records and reports of child abuse or neglect to persons not permitted access to such information by this section or by section 19-1-303 CRS commits a class 1 misdemeanor and shall be punished as provided in section 18-1.3-501 CRS."

1. I have read or had read to me this document and I understand the contents.
2. I recognize that the material given to me is confidential and I agree, under penalty of law, not to share it with any unauthorized person.
3. I understand that I may not harass or intimidate any party as a result of the information I obtain through these records/reports.

Signature of Person Requesting Records (If under the age of 18, parent signature required) _____
Date of Request

NOTARY STATEMENT:

STATE of _____ COUNTY of _____ **NOTARY SEAL:**

Subscribed and sworn to before me this _____ day of _____, 20_____.

My Commission Expires: _____

Signature of Notary: _____

You will be notified when the information from the abuse/neglect check is available to be picked up. If you wish for the abuse/neglect check results to be mailed, emailed to you, or sent to a representative or agency, please complete the following Waiver and Authorization. PLEASE NOTE: The information will not be released/mailed until the appropriate fees are received.

WAIVER AND AUTHORIZATION TO RELEASE AND MAIL INFORMATION

I authorize the Mesa County Department of Human Services to release and send through USPS first class mail the results of the child abuse and neglect records and reports check to:

RELEASE AND MAIL/EMAIL INFORMATION TO (PLEASE PRINT LEGIBLY, If Email please include copy of ID):

Agency/Company Name (If not same individual requesting information): _____

Name of Individual: _____

Mailing/Email Address: _____
Address State Zip Code

Signature of Individual (If under the age of 18, parent signature required.) _____
Date

PLEASE ALLOW THIRTY (30) CALENDAR DAYS FROM DATE OF RECEIPT OF REQUEST TO PROCESS THIS REQUEST.

TOTAL AMOUNT DUE: \$ _____ **FOR INTERNAL USE ONLY**

The records or reports were released or mailed to _____ on _____ by _____
(Print Name of Parent/Guardian) (Date)

_____, who verified ID _____
(DHS Staff) (State Issued & Number)

INTERNAL NOTE: PLEASE ROUTE THIS FORM TO CW-Support ONCE RECORD/REPORT HAS BEEN PICKED UP OR IF NOT PICKED UP BY TWO WEEKS FROM DATE OF REQUEST. (COST PER HR: \$ _____; COST PER PAGE: \$ _____)

"Mesa County Department of Human Services—Helping individuals and families achieve safety, independence and self-sufficiency in a collaborative, fiscally responsible and customer service oriented environment."