

## **CPS HISTORY REQUEST FORM Instructions**

Please complete the attached CPS History Request form and return to the attention of:

**Rebecca Mason**

[remason@dhr.state.ga.us](mailto:remason@dhr.state.ga.us)

ICPC Unit

2 Peachtree Street, 18<sup>th</sup> Floor

Atlanta, GA 30303-3142

Phone Number: (404) 463-0942 and Fax Number: (404) 657-3415

**For CPS history requests from Georgia agencies**

**Yvonne Davenport**

[yadavenp@dhr.state.ga.us](mailto:yadavenp@dhr.state.ga.us)

Child Welfare Call Center

2 Peachtree Street, 18<sup>th</sup> Floor

Atlanta, GA 30303-3142

Phone: (404) 463-2239 and Fax Number: (404) 657-4483

**For CPS history requests from State/Tribal Child Welfare Departments and any agency  
with private adoption finalization pending**

### **REQUEST GUIDELINES:**

Mail, email or fax the CPS History Request Form to the attention of the appropriate person listed above. The Form must thoroughly completed including information on all household members or it will be returned unprocessed.

***Completed screens will be sent within 10 business days*** of receipt of the request.

If additional information or further instructions are needed, please contact Mary Davis, ICPC Unit Manager, at 404.657.3567 or [mhdavis@dhr.state.ga.us](mailto:mhdavis@dhr.state.ga.us) .

Georgia Department of Human Services  
Division of Family and Children Services  
Child Protective Services History Request



**APPLICANT IDENTIFICATION INFORMATION**

Name (First, Middle, Last-Do Not Abbreviate)		
Current Street Address		
City	County	
Zip Code	Email Address	
Social Security Number	Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Age	Daytime Phone No	

**PREVIOUS NAMES USED (Do Not Abbreviate)**

(First, Middle, Last)	(First, Middle, Last)	(First, Middle, Last)
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**PREVIOUS ADDRESS IN THE LAST 5 YEARS (Attach Additional Page if Necessary)**

(Address, County, City, State, Zip Code)	(Address, County, City, State, Zip Code)	(Address, County, City, State, Zip Code)
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**HOUSEHOLD MEMBERS List everyone who has lived with you at anytime in the last 5 years. (Attach Additional Page if Necessary)**

(First, Middle, Last) Do Not Abbreviate	Relationship	Present Age	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
			Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
			Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
			Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
			Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
			Sex <input type="checkbox"/> Male <input type="checkbox"/> Female

*I affirm that the above information is accurate and complete and acknowledge that providing inaccurate information may be subject to penalty under Georgia law.*

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE—NEXT PAGE MUST BE COMPLETED BY REQUESTING AGENCY / DEPARTMENT**

**TO BE COMPLETED BY THE REQUESTING AGENCY / DEPARTMENT**

NAME OF REQUESTOR \_\_\_\_\_ Title/ Role: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Check Option and Write In Name of Organization**☐ Child Caring Institution \_\_\_\_\_ ☐ Child Placing Agency \_\_\_\_\_☐ State or Tribal Child Welfare Department \_\_\_\_\_ ☐ Court Investigator \_\_\_\_\_☐ Other \_\_\_\_\_**PURPOSE OF REQUEST**Is this request pursuant to the placement of a child in the temporary or permanent custody of GA DFCS? ☐ YES ☐ NO ☐ N/A

Is this request pursuant to the placement of a child in the temporary or permanent custody of another state or tribal child welfare department?

☐ YES (Name of State or Tribe) \_\_\_\_\_ ☐ NO ☐ N/AIs this request pursuant to an Adam Walsh Central Registry Checks requirement? ☐ YES ☐ NO ☐ N/A**PREFERRED RESPONSE METHOD –Check ONE Option and Include Applicable Information**☐ EMAIL☐ FAX☐ MAIL (Complete Mailing Address)*I affirm that the above information is accurate and complete and acknowledge that providing inaccurate information may be subject to penalty under Georgia law.*

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**DO NOT WRITE IN THIS SECTION  
TO BE COMPLETED BY GEORGIA DFCS****Foster/Adoptive Parent Applicant**☐ Applicant **does** have a CPS history with Georgia DFCS.☐ Applicant **does not** have a CPS history with Georgia DFCS.**Additional Comments:****Status of Report****County****Determination Date**☐ Substantiated  
☐ Unsubstantiated  
☐ Open Investigation☐ Substantiated  
☐ Unsubstantiated  
☐ Open Investigation☐ Substantiated  
☐ Unsubstantiated  
☐ Open Investigation☐ Substantiated  
☐ Unsubstantiated  
☐ Open Investigation**Unable to Process Request**☐ GA DFCS does not have a Central Child Abuse Registry and therefore cannot comply with Adam Walsh Act requests.☐ Request is not lawful under Georgia Statute.**Completed By State Office Division of Family and Children Services Representative:**

Printed Name: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_

Returned Via ☐ Email ☐ Fax ☐ Mail Date Sent: \_\_\_\_\_