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
ICPC Unit
2 Peachtree Street, 18th 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
Child Welfare Call Center
2 Peachtree Street, 18th 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.
### APPLICANT IDENTIFICATION INFORMATION

<table>
<thead>
<tr>
<th>Name (First, Middle, Last-Do Not Abbreviate)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Street Address</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>County</td>
</tr>
<tr>
<td>Zip Code</td>
<td>Email Address</td>
</tr>
<tr>
<td>Social Security Number</td>
<td>Date of Birth</td>
</tr>
<tr>
<td>Age</td>
<td>Daytime Phone No</td>
</tr>
</tbody>
</table>

### PREVIOUS NAMES USED (Do Not Abbreviate)

<table>
<thead>
<tr>
<th>(First, Middle, Last)</th>
<th>(First, Middle, Last)</th>
<th>(First, Middle, Last)</th>
</tr>
</thead>
</table>

### PREVIOUS ADDRESS IN THE LAST 5 YEARS (Attach Additional Page if Necessary)

<table>
<thead>
<tr>
<th>(Address, County, City, State, Zip Code)</th>
<th>(Address, County, City, State, Zip Code)</th>
<th>(Address, County, City, State, Zip Code)</th>
</tr>
</thead>
</table>

### HOUSEHOLD MEMBERS

<table>
<thead>
<tr>
<th>(First, Middle, Last) Do Not Abbreviate</th>
<th>Relationship</th>
<th>Present Age</th>
<th>Sex</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
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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

<table>
<thead>
<tr>
<th>NAME OF REQUESTOR</th>
<th>Title/ Role:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone:</td>
<td>Email:</td>
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</tbody>
</table>

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/A

Is 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

<table>
<thead>
<tr>
<th>Foster/Adoptive Parent Applicant</th>
<th>Status of Report</th>
<th>County</th>
<th>Determination Date</th>
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</thead>
<tbody>
<tr>
<td>Applicant does have a CPS history with Georgia DFCS.</td>
<td>☐ Substantiated</td>
<td></td>
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<tr>
<td>Applicant does not have a CPS history with Georgia DFCS.</td>
<td>☐ Unsubstantiated</td>
<td></td>
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<tr>
<td>☐ Open Investigation</td>
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<tr>
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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 Statue.

Completed By State Office Division of Family and Children Services Representative:

Printed Name: ___________________________ Email: ___________________________

Signature: ____________________________

Returned Via ☐ Email ☐ Fax ☐ Mail Date Sent: ____________________________

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

Completed By State Office Division of Family and Children Services Representative:

Printed Name: ___________________________ Email: ___________________________

Signature: ____________________________

Returned Via ☐ Email ☐ Fax ☐ Mail Date Sent: ____________________________

GA DFCS- CPS History Request Form Revised May 2011

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