



ARIZONA DEPARTMENT OF CHILD SAFETY DCS RECORDS REQUEST

Requestor Information

Requestor's Name*		Date of Birth	Other Names Used
Mailing Address (No., Street)*		Phone*	DCS Case Identifier (CS#, AS#, IN#, PI#, if known)
City*	State*	Zip*	
Email Address (*Required to process records)			

Required Records

My Records Only

My Records & My Minor Child(ren)'s Records

I am an attorney and I represent (Provide Letter of Representation)

Client	Court Case Number	Court Date
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Child's Name**	Relationship to You**	Date of Birth**	Other Names Used

Legal Guardian of Child(ren) Listed Above**	Date of Birth**	Other Names Used

**Required for children's records

If you are not the biological parent, please provide documentation of your relationship.
(Notice to Provider, Adoption or Guardianship Court Docs)

A.R.S. §8-807 REQUIRES THAT THE RECORDS BE NECESSARY TO PROMOTE THE SAFETY, PERMANENCY AND WELL-BEING OF THE CHILD.

Reason for Requesting Records: (Fingerprint Card, Personal File, Therapy, Court Case No., Etc.)**



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Records You Are Requesting:

DCS Assessments Only (Investigations)	DCS Reports Only	DCS Findings Letter
DCS Case Closure Letter	Time in Care Letter	

Additional Time Required for the Following Requests: *(not stored in electronic database)*

Specific Document: _____ Medical Records Full DCS Case File

Please note that not all records are available through DCS. Records are retained according to A.R.S. §41-151.12.

Certification

Department of Child Safety records and files are confidential and can be released only to those individuals and agencies authorized by law (A.R.S. §8-807, §8-807.01 and §41-1959). This form may be used by a parent, guardian, custodian, a child, a person who is the subject of DCS information, a prospective adoptive parent, foster parent, or an attorney representing any of these persons pursuant to A.R.S. §8-807. Your signature must be notarized or your identity verified. You must also provide documentation showing that you are authorized to obtain the information, such as a court order and/or explanation of your connection to the records and reason for your request. The Department of Child Safety will strike out/redact information that you are not entitled to, including the identity of the reporting person whose life or safety may be endangered by the disclosure. You must provide information as completely and accurately as possible to facilitate a records search and processing.

I certify that I am the person indicated in this request. I also understand that all information I receive is confidential and shall not be further disclosed.

Signature of Requestor _____
Date

RECORDS WILL NOT BE PROCESSED UNLESS VERIFICATION IS OBTAINED

_____, known to me or having been satisfactorily proven to be the person described in, and the executor of the

Name of Requestor

foregoing instrument for the purpose therein contained, personally appeared before me on this _____ day of _____, _____

Date Month Year

Notary Public

_____ State	_____ County	Subscribed and sworn or affirmed and acknowledged before me this _____ day of _____, 20____ <small>Day Month Year</small>	
My commission expires: _____ <small>Commission Expiration Date</small>			
_____ Signature of Notary Public		Notary Stamp	

Alternative Verification If Notary Public is not available, verification must be made by a DCS Staff Member. (Please include photocopy of Identification.)

Type of Identification

ID No.

DCS Representative Signature

Printed Name

Date

Please obtain identity verification prior to submitting the form to: dcsrecordsrequest@azdcs.gov

Equal Opportunity Employer/Program. The Department of Child Safety (DCS) prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics, or retaliation or any other status protected by federal law, state law, or regulation. Reasonable accommodations to allow a person with a disability to take part in a program, service, or activity are available upon request. To request this document in alternative format or for further information about this policy contact your local office. TTY/TDD Services: 7-1-1. Free language assistance for DCS services is available upon request. Ayuda gratuita con traducciones relacionadas con los servicios del DCS esta disponible a solicitud del cliente.