

CHILD, YOUTH & FAMILY RECORDS REQUEST FORM

NAME OF REQUESTOR: _____ BIRTHDATE: _____

PHONE NUMBER: _____ DATE: _____

EMAIL ADDRESS: _____

CHILD(REN) NAME & BIRTHDATE: _____

RELATIONSHIP TO CHILD: _____

INFORMATION REQUESTED: _____

COURT CASE #/DATE OF NEXT HEARING: _____

SIGNATURE: _____

PLEASE INCLUDE A CLEAR COPY OF YOUR PHOTO IDENTIFICATION. THE PICTURE AND SIGNATURE MUST BE CLEAR.

REQUEST MAY TAKE 30 BUSINESS DAYS TO PROCESS.

CONFIDENTIALITY OF RECORDS:

1. All Human Services' information is to be treated as confidential. Whenever there is a question about the legality of releasing confidential information, the person seeking the information shall be advised to obtain an appropriate Court Order to produce information.
2. The person seeking access to records will sign an agreement to preserve the confidentiality of the records.

Date: _____ Signature: _____

THE CHARGE FOR RECORDS IS 40.00 DOLLARS PER HOUR. THERE IS NO CHARGE FOR THE FIRST HOUR OF WORK. A DEPOSIT OF 50.00 MAY BE REQUIRED FOR REQUESTS THAT ARE OVER 100.00 DOLLARS. ALL RECORDS ARE SENT ELECTRONICALLY. IF A PHYSICAL COPY IS REQUIRED THERE WILL BE A CHARGE OF .25 PER PAGE PLUS THE HOURLY FEE. PAYMENT FOR RECORDS MUST BE MADE IN FULL BEFORE THEY ARE RELEASED.