



**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/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
 FAX EMAIL
 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	Status of Report	County	Determination Date
<input type="checkbox"/> Applicant does have a CPS history with Georgia DFCS. <input type="checkbox"/> Applicant does not have a CPS history with Georgia DFCS. Additional Comments:	<input type="checkbox"/> Substantiated		
	<input type="checkbox"/> Unsubstantiated		
	<input type="checkbox"/> Open Investigation		
	<input type="checkbox"/> Substantiated		
	<input type="checkbox"/> Unsubstantiated		
	<input type="checkbox"/> Open Investigation		
	<input type="checkbox"/> Substantiated		
	<input type="checkbox"/> Unsubstantiated		
	<input type="checkbox"/> 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: _____