



COLORADO
Office of Early Childhood
Department of Human Services

Background Investigations Unit
1575 Sherman St., 1st Floor
Denver, CO 80203

Please note: Fee increase from \$15.00 to \$28.00 effective November 16, 2015.

**INDIVIDUAL REQUEST FOR BACKGROUND INVESTIGATION
IN THE CONFIDENTIAL CHILD ABUSE/NEGLECT DATABASE**

Send this request with a check or money order for \$28 payable to CDHS, BIU, and Records & Reports. Mail completed requests to 1575 Sherman St., 1st Floor, Denver, CO 80203. Incomplete or unsigned requests cannot be processed and will be returned. Do not send fingerprint cards. Cash payments will not be accepted.

Please circle the reason for your request: Employment, Volunteer, Adoption, Foster Care, Other (Please explain) _____

(Please print legibly)

Full name of person to be checked: _____
Maiden name and other names used: _____
Birth date: _____ Sex: _____ Race: _____ Social Security #: _____
Current address: _____
Previous address: _____
Phone number: _____

Please circle one of the following: Spouse, Former Spouse, Parent (s) of your children and provide their information below. Add additional names on back of this form.

Full name: _____
Maiden name and other names used: _____
Birth Date: _____ Sex: _____ Race: _____ Social Security #: _____

Please provide your children's full name, birthdate and sex. Additional children may be noted on back of this form.

Signature of Person being checked: _____ Date: _____
If you are under 18 years of age, your parent or legal guardian must sign this request.

Spouse's signature: _____ Date: _____
For adoption and foster care, both marriage partners must provide signatures for processing this request.

Note: Under penalties of perjury, the information provided is correct and accurate. False or misleading statements may result in criminal prosecution.

If you want this information released to another party, please complete information below.
I hereby authorize CDHS to release the results of this background check to:

Person or Company: _____ Attention: _____
Address _____ & Phone: _____
Signature of person being checked: _____ Date: _____

