



## Child Abuse History Record Request for Child Placement - Adam Walsh

**NOTE:** This form must be submitted by the agency identified at the bottom of this page. The applicant may **NOT SUBMIT THIS FORM DIRECTLY** to the Department of Children & Families. **Only one applicant per release.**

### TO BE COMPLETED BY THE APPLICANT

Was the applicant a resident of the State of Florida within the past 5 years?  YES  NO

Name: \_\_\_\_\_  
(Please *Print Clearly*) *Last*, *First* *Middle*

Full SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Prior Name(s), including Maiden: \_\_\_\_\_

Current **Non-Florida** Address: \_\_\_\_\_

Previous Address: \_\_\_\_\_ (Include city, state, and Zip Code)

\_\_\_\_\_ FL \_\_\_\_\_ Dates: \_\_\_\_\_

Previous Address: \_\_\_\_\_

\_\_\_\_\_ FL \_\_\_\_\_ Dates: \_\_\_\_\_

By signing this form, I, as an applicant for child placement and/or adoption, authorize a search for reports of abuse, neglect or abandonment investigated in which my name appears and there were "verified findings" of maltreatment of a child(ren) and I am listed as the "Caregiver Responsible". I understand I will be given the opportunity to discuss the findings of the report(s). I further understand that the child welfare search is only one part of the preliminary report to the court for adoption, one of the requirements reviewed by an agency with the authority to license or approve homes for the care of children. This consent is valid solely for the requesting agency/facility listed below on this form. (Chapter 39, F.S. Social Security Laws Section 471 [42 U.S.C. 671] (a)(20)(B)(i), Hague Convention on Private International Law, 1995)

\_\_\_\_\_  
*Signature* of Applicant

\_\_\_\_\_  
Date

### TO BE COMPLETED BY REQUESTING AGENCY

#### Reason for Record Search:

Adoption Applicant

Relative/Non-relative Placement

International Adoption Applicant

Foster Care Licensing/Registration Applicant

Household Member for Child Placement

Other \_\_\_\_\_

Facility/Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Mailing Address City State Zip Code

Representative/Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

I understand it is a misdemeanor of the first degree for any agency to use or release abuse, neglect or abandonment information to others. The information is **CONFIDENTIAL** and may be used only for the purpose for which it was obtained.

\_\_\_\_\_  
*Printed Name and Signature* of Requesting Facility/Agency Representative

\_\_\_\_\_  
Date

**Please return to DCF via email:**

**Attention: Adam Walsh Record Requests**

email [hqw.fs.adamwalsh.requests@myflfamilies.com](mailto:hqw.fs.adamwalsh.requests@myflfamilies.com)