



Request for Children's Administration Records

CA Children's Administration

A. Requester Information			
NAME: LAST	FIRST	MIDDLE	DATE OF BIRTH
CASE RELATIONSHIP (SELF, PARENT, ATTORNEY, GUARDIAN, ETC.) NOTE: YOU MUST PRODUCE PROOF OF IDENTITY TO OBTAIN CONFIDENTIAL RECORDS. IF YOU ARE NOT THE CLIENT OR A PERSONAL REPRESENTATIVE OF THE CLIENT, YOU MUST ALSO PROVIDE AUTHORIZATION FORM (DSHS 17-063).			
MAILING ADDRESS		CITY	STATE ZIP CODE
TELEPHONE NUMBER (INCLUDE AREA CODE)		E-MAIL ADDRESS	
B. Case Information			
CASE NUMBER (IF KNOWN)		LOCATION OF CASE	
What type of records are you requesting? <input type="checkbox"/> Child Protective Services (CPS) <input type="checkbox"/> Child Welfare Services <input type="checkbox"/> Foster Care Licensing <input type="checkbox"/> Adoption			
NAME (LAST, FIRST, MIDDLE)	DATE OF BIRTH	NAME (LAST, FIRST, MIDDLE)	DATE OF BIRTH
C. Requested Documents. NOTE: Be specific as possible so your request can be processed as quickly as possible. Include dates (time frames) and specific documents such as intakes, assessments, case notes, safety plan, etc.			
E. Signature			
I certify that I am the person requesting information and I have provided documentation to prove my identity. I also understand that all information I receive is confidential and shall not be further disclosed.			
REQUESTED BY:			DATE SIGNED
SIGNATURE OF WITNESS OR NOTARY VERIFYING IDENTITY IF REQUIRED		PRINTED NAME OF WITNESS OR NOTARY IF REQUIRED	
OFFICE USE ONLY			
DATE RECEIVED	RECEIVED AT WHICH OFFICE	<input type="checkbox"/> ID Verified; type:	

NOTE: Requests for children welfare records are not processed under the Public Records Act but are processed exclusively under RCW 13.50.100 and other laws granting access to these records.