



REQUEST FOR CASE RECORDS

RECORDS MANAGEMENT GROUP

Use this form to request a copy of an Adult Protective Services, Child Care Licensing, or Child Protective Services case record. The Records Management Group (RMG) adheres to and complies with all statutes and rules pertaining to the entitlement, redaction, and release of the case records RMG maintains. Additional information regarding requests for case records, including entitlement guidelines, can be found at: <http://www.dfps.state.tx.us/policies/caserecord.asp>

Please fill out the fields below by typing or by printing legibly. An asterisk (*) indicates this information is required.

A. What type of case record are you requesting from DFPS?		
Adult Protective Services (APS) <input type="checkbox"/>	Child Care Licensing (CCL) <input type="checkbox"/>	Child Protective Services (CPS) <input type="checkbox"/>

B. What do you know about the case record? Please enter as much information as you can.		
Case Name (APS or CPS) or Facility Name (CCL):	Case Number:	Case Dates (approximate dates case was open):
*Names of the primary children and/or adults involved in the case:		*Dates of Birth:
		*Social Security Numbers:
Any other identifying information, including former names:		

C. Who are you and how can we reach you if we have questions?		
*First Name	Middle Initial	*Last Name
*Are you involved in the case that you are requesting? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, were you ever in DFPS foster care as a child? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If you are requesting the record for a case in which you are NOT involved, please select one of the three options below.		
1. I am an attorney. <input type="checkbox"/> I am representing: _____ My bar card number is: _____		
2. I have a court order. <input type="checkbox"/> It authorizes me to request these records on someone else's behalf and a copy is included with this request.		
3. I am not either of the above. <input type="checkbox"/> However, I believe I am authorized to request these records on someone else's behalf because: _____		
*Telephone Number (include area code):	Fax Number (include area code):	E-mail Address:

D. Where do you want your copy of the case record mailed?			
*Mailing Address (street or P.O. box):	*City:	*State:	*Zip Code:

E. Can you agree to the following?	
<ul style="list-style-type: none"> • I believe that all of the above information on my request is true and correct to the best of my knowledge. • I have included a copy of my valid driver's license or other picture identification to verify my identity. 	
*Signed: _____	*Date: _____
Exceptions: Please contact us if you were formerly in DFPS foster care and have trouble sending a copy of your picture ID. If you are an attorney and you have provided your bar card number, a copy of your picture identification is not required.	

If you have questions about this form or other records-related issues,
please send an email to Records.Management@DFPS.STATE.TX.US or call us toll-free at 877-764-7230

Send by mail the completed form and all required documents to:
Department of Family and Protective Services, Attn: RMG (Y-937), P.O. Box 149030, Austin, Texas, 78714-9030