Child Abuse History Record Request for Private Adoption

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.

LIST ALL minor household members on this form.
Do not include ANY **adult household members** or **foster care children.**

TO BE COMPLETED BY APPLICANT

Applicant Name _____
(Please Print Clearly – Last Name, First, Middle)

Applicant: SSN:_____ DOB:_____ Race:____ Sex:____ Prior Name(s):_____

Current **Florida** Address:

_____

Previous Address: *(Include city, state, and Zip Code)* *Dates at Address*

_____

(Include city, state, and Zip Code) *Dates at Address*

By signing this form, I, as an applicant for 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 further understand that the central abuse hotline search is only one part of the preliminary report to the court for adoption. I understand I will be given the opportunity to discuss the findings of the report(s). This consent is valid solely for the requesting agency/facility listed below on this form. (Chapter 39, F.S.)

_____ _____
Signature of Applicant Date

ALL ADULT (18 & UP) HOUSEHOLD MEMBERS MUST SUBMIT A SEPARATE REQUEST FORM
*PLEASE LIST INFORMATION FOR ALL **MINOR** (17 & UNDER) **HOUSEHOLD** MEMBERS **EXCEPT FOSTER CHILDREN**.*

Last Name	First Name	Middle Initial	DOB	Race	Sex	SSN

Please use another request form for additional household members

TO BE COMPLETED BY REQUESTING AGENCY

Reason for Record Search:

☐ Private Attorney ☐ Child-Placing Agency ☐ LCSW/LMC

☐ FACCCA (Florida Association of Children Child Caring Agencies) ☐ Other _____

Facility/Agency Name:_____ Phone:_____

Address:_____
Mailing Address City Zip Code

OCA and/or Facility ID:_____ 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: Private Adoptions
email: hqw.bgs.adoptions@myflfamilies.com