

PARK COUNTY HUMAN SERVICES  
CHILD WELFARE RECORDS REQUEST

To request copies of records the client or their parent, legal custodian or guardian must complete this form, which is then retained in the file of the record requested. This completed form with the signed acknowledgment of confidentiality must be submitted to Park County Department of Human Services, Att: Child Welfare Manager at PO Box 1193, Bailey, CO or by fax to 303-816-5942 or in person at 59865 N Hwy 285, 2<sup>nd</sup> Floor, Bailey or in person at 825 Clark Street, Fairplay along with a **copy of your driver's license or legal identification card to provide proof of identity**. Requests will not be reviewed or processed until these items are received. Visit [www.parkco.us](http://www.parkco.us) for additional information.

You may request records pertaining specifically to you, your biological/adopted children or children you have legal guardianship. Park County Human Services will not release third party or medical information. Information contained in your record pertaining to other parties or confidential information will be redacted. You will be responsible for paying \$.25 per page after the first 5 pages to be copied, \$10.00 per CD/DVD and \$25.00 per hour research and retrieval fee after the 1<sup>st</sup> hour. This payment is due prior to the time of delivery. In cases requiring significant copies and research time payment will be required prior to copying.

PERSON REQUESTING SEARCH:

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Driver's License \_\_\_\_\_ State \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date Requested: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Pick up at PCDHS in Bailey, 59865 Hwy 285, Second Floor, Bailey, Colorado after you notify me at phone: \_\_\_\_\_

Pick up at PCDHS in Fairplay, 825 Clark Street, Fairplay, Colorado after you notify me at phone: \_\_\_\_\_

Email to: \_\_\_\_\_

**Complete and sign back of Records Request Form.**

TO BE COMPLETED BY PCDHS PERSONNEL

Search Completed/redacted by:

Date:

Cost:

Records Picked Up by:

Date:

Payment Received:

RECORDS SEARCH ON THE FOLLOWING INDIVIDUALS:

**Self** as indicated on page 1       Records from (date) \_\_\_\_\_ to (date) \_\_\_\_\_

**Biological/Adopted Children or Children you have legal guardianship or custody**

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Relationship: \_\_\_\_\_

*Records from Park County Department of Human Services are confidential and intended solely for the use of the individual or entity to which it is addressed. The information contained herein includes protected or otherwise privileged information. Unauthorized review, forwarding, printing, copying, distributing, or using such information is strictly prohibited and may be unlawful.*

*C.R.S 19-1-307 (4) Any person who improperly releases or who willfully permits or encourages the release of data or information contained in the records and reports of child abuse or neglect to persons not permitted access to such information by this section or by section 19-1-303 commits a class 1 misdemeanor and shall be punished as provided in section 18-1.3-501.*

I \_\_\_\_\_ affirm that I am the person named as the requestor, that the information provided is  
(Print your name) accurate and I acknowledge that I am aware of the confidentiality requirements concerning any information I have obtained from the Department of Human Services and agree to keep such information confidential.

\_\_\_\_\_  
Signature of requestor

\_\_\_\_\_  
date signed