

**REQUEST FOR
CHILD ABUSE/NEGLECT CENTRAL REGISTRY CHECK**

The Texas Department of Family and Protective Services (FPS) operates a Central Registry that identifies persons whom FPS has found to have abused or neglected children. FPS Strives to provide the results of the Central Registry check within 30 days. A person may request a Central Registry check on him or herself by completing, having notarized and submitting this request for to:

REQUIRED IDENTIFYING INFORMATION ON REQUESTER - The requester must provide all of this information in order for a check to be made:

| | | | | | |
|---|---|---|--|-------|----------|
| First Name | Middle Name | Last Name | | | |
| Other names or spellings used (married, maiden, alias, etc.) - First, Middle, Last (continue on back as needed) | | | | | |
| Residence Street Address | | City | County | State | Zip Code |
| Residence Telephone No. (A/C) | Date of Birth | Gender : <input type="checkbox"/> Male - <input type="checkbox"/> Female | | SSN | |
| <input type="checkbox"/> Am Indian/AK Native (Hispanic) | <input type="checkbox"/> Am Indian/AK Native (non-Hispanic) | <input type="checkbox"/> Asian/Oriental (Hispanic) | <input type="checkbox"/> Asian/Oriental (non-Hispanic) | | |
| <input type="checkbox"/> Black (Hispanic) | <input type="checkbox"/> Black (non-Hispanic) | <input type="checkbox"/> Black-White (Hispanic) | <input type="checkbox"/> Black-White (non-Hispanic) | | |
| <input type="checkbox"/> Other (Hispanic) | <input type="checkbox"/> Other (non-Hispanic) | <input type="checkbox"/> White (Hispanic) | <input type="checkbox"/> White (non-Hispanic) | | |
| <input type="checkbox"/> Nat Hawaii/Pac is (Hispanic) | <input type="checkbox"/> Nat Hawaii/Pac is (non-Hispanic) | <input type="checkbox"/> Unable to Determine (or, none of the above) | | | |
| List other places you have resided (for a minimum of the past 5 years - continue on back as needed) | | | | | |

| | |
|--|--|
| <p>SEND RESULTS OF REQUESTED CHECKS TO:</p> <p><input type="checkbox"/> Requester, OR</p> <p><input checked="" type="checkbox"/> Designee -</p> <p>Name of Designee: Emily Streeton</p> <p>Name of Agency the Designee Represents: Child Advocates</p> <p>Mailing Address of Designee (City, State, Zip): 808 Austin Wichita Falls, TX 76301</p> <p>:</p> | <p>RESULTS OF CENTRAL REGISTRY CHECK:</p> <p>FPS returns the results of the Central Registry checks to the <u>requestor or designee</u> indicated to the left. The requester is entitled to have the results provided to him or to designate another person or entity to receive <u>the results</u>.</p> <p><u>NOTICE - NOTICE - NOTICE:</u> The requester may not have exhausted all opportunities to contest findings in the Central Registry. Therefore, a requester who designates another person/entity to receive the results of the check is <u>hereby provided notice and cautioned</u> that if he or she disagrees with any such findings, that he or she may have the right to challenge any such findings, and that he or she is authorizing FPS to release any such findings to a third party prior to or during any challenge to the accuracy of those findings.</p> |
|--|--|

Signature of Requester _____ Date of Request _____

SUBSCRIBED AND SWORN TO before me this ____ day of _____, _____.

[Notary stamp or seal]

Notary Public