



**COLORADO**  
Office of Early Childhood  
Department of Human Services

Background Investigations Unit  
1575 Sherman St., 1st Floor  
Denver, CO 80203

**Please note: Fee increase  
from \$15.00 to  
\$28.00 effective  
November 16, 2015.**

**INDIVIDUAL REQUEST FOR BACKGROUND INVESTIGATION  
IN THE CONFIDENTIAL CHILD ABUSE/NEGLECT DATABASE**

*Send this request with a check or money order for \$28 payable to CDHS, BIU, and Records & Reports. Mail completed requests to 1575 Sherman St., 1st Floor, Denver, CO 80203. Incomplete or unsigned requests cannot be processed and will be returned. Do not send finger print cards. Cash payments will not be accepted.*

Please circle the reason for your request: Employment, Volunteer, Adoption, Foster Care, Other (Please explain) \_\_\_\_\_

(Please print legibly)

Full name of person to be checked: \_\_\_\_\_  
Maiden name and other names used: \_\_\_\_\_  
Birth date: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Current address: \_\_\_\_\_  
Previous address: \_\_\_\_\_  
Phone number: \_\_\_\_\_

*Please circle one of the following: Spouse, Former Spouse, Parent (s) of your children and provide their information below. Add additional names on back of this form.*

Full name: \_\_\_\_\_  
Maiden name and other names used: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Social Security #: \_\_\_\_\_

*Please provide your children's full name, birthdate and sex. Additional children may be noted on back of this form.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Person being checked: \_\_\_\_\_ Date: \_\_\_\_\_

*If you are under 18 years of age, your parent or legal guardian must sign this request.*

Spouse's signature: \_\_\_\_\_ Date: \_\_\_\_\_

*For adoption and foster care, both marriage partners must provide signatures for processing this request.*

**Note: Under penalties of perjury, the information provided is correct and accurate. False or misleading statements may result in criminal prosecution.**

If you want this information released to another party, please complete information below.  
I hereby authorize CDHS to release the results of this background check to:

Person or Company: \_\_\_\_\_ Attention: \_\_\_\_\_  
Address \_\_\_\_\_ & Phone: \_\_\_\_\_  
Signature of person being checked: \_\_\_\_\_ Date: \_\_\_\_\_

