

Part I: PURPOSE OF SEARCH:
 (If this is an individual request, skip "Part I")

Agency	Name of Agency Representative
8TH JUDICIAL DISTRICT COURT CASA PROGRAM	
Agency Address	Representative's Phone Number
601 N. PECOS RD., BLDG. D, LAS VEGAS, NEVADA 89101	702-455-2272
Representative's Email	
CASA@clarkcountycourts.us	

Agency Representative Signature: _____ Date: _____

A. RELEASE TO AN AGENCY/INDIVIDUAL RELATED TO:

- | | | | |
|-------------------------------------------------|--------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Adoption | <input type="checkbox"/> International Adoption | <input checked="" type="checkbox"/> CASA | <input type="checkbox"/> Daycare Center |
| <input type="checkbox"/> Foster/Kinship Care | <input type="checkbox"/> Group/Res. Facility | <input type="checkbox"/> Volunteer | <input type="checkbox"/> Youth Camp |
| <input type="checkbox"/> Institutional Employee | <input type="checkbox"/> Law Enforcement Agency | <input type="checkbox"/> Child Welfare Agency | <input type="checkbox"/> School Personnel |
| <input type="checkbox"/> Employment | <input type="checkbox"/> Other (Please Specify): _____ | | |

Part II: SEARCH INFORMATION (To be completed *in full* by individual whose name is being searched)

Last Name	First Name	Middle Name (FULL)	Maiden/Birth Name /Alias

Social Security #	Alien/USCIS - Number	Date of Birth
_____	_____	_____

Address:

Daytime Telephone Number	Email Address

(Other Adult in Home) Last Name	First Name	Middle Name (FULL)	Date of Birth
_____	_____	_____	_____

Social Security #	Alien/ USCIS# Number	Date of Birth
_____	_____	_____

Children In the home Name	Any other name(s) used	Date of Birth	Social Security Number

Consent for Release of Information:

SIGNATURE (If Applicant is under age 18, must be signed by Applicant's parent/guardian & Applicant)

DATE

SIGNATURE (Applicant's parent/guardian or other adult in the home)

DATE

PART III: SIGNATURE AND CERTIFICATE OF ACKNOWLEDGEMENT OF INDIVIDUAL BEFORE A NOTARY PUBLIC

(Signature Must be blue ink.)

Print Name

Signature

Date

STATE OF _____) COUNTY

O F _____)

This instrument was acknowledged before me on (date) _____ by:

Printed Name of Individual

Notary Public

(Notary Stamp)

**If notarizing: Notary must verify requestor is employee of agency that requestor indicated above (e.g. through Employee Photo ID, business card, etc.)*

******* STOP*******

Review that all sections are complete. Please do not alter this form in any way. Altered forms will not be accepted.

(FOR DCFS CENTRAL OFFICE USE ONLY)

No Record Found

Central Registry Record Found:

ABUSE and/or **NEGLECT was substantiated**

*Please be aware that the person(s) in this report may still have the right to appeal these substantiations. Refer to this website for further instructions: [Instruction for Inquiry of Appeal Rights](#)

CPS Record Found (to request additional information please contact):

Clark County Department of Family Services (702) 455-6683

Washoe County Human Services Agency (775) 785-8600

Division of Child and Family Services (775) 684-1930

FPO Staff: _____

Print Name/Title

Signature

Date