**Adam Walsh/ Child Protective Service (CPS) Background Record Request Form**

The 2006 Adam Walsh Act allows private and public organizations to request a search of the Massachusetts Department of Children and Families (Department) Central registry to determine if the named individual below has any substantiated report of child abuse and/or neglect within the Commonwealth of Massachusetts. The CPS central registry check does not include unsubstantiated reports, Criminal Offender Record Information (CORI) or Sexual Offender Registry Information (SORI). Public and private organizations are responsible to follow their respective procedures for obtaining such information.

I, \_, understand that the Department will review information contained within its Central Registry of Child Abuse/Neglect. I authorize the Department to provide such information to the agency/organization named below. I further certify that the information below is correct to the best of my knowledge.

# APPLICANT SIGNATURE DATE

# **APPLICANT/EMPLOYEE INFORMATION (PLEASE PRINT)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

AGENCY / ORGANIZATION NAME AND ADDRESS

|  |  |  |  |
| --- | --- | --- | --- |
| *\_*  LAST NAME | FIRST NAME | | MIDDLE NAME |
| *\_* |  |  | |
| MAIDEN NAME OR ALIAS (IF APPLICABLE) | DATE OF BIRTH | PLACE OF BIRTH | |

# LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER MOTHER’S MAIDEN NAME

# **All requests must be notarized, excluding Law enforcement Agencies /Sherriff Departments and State Child Welfare Agencies.**

# **All organizations and individuals can either email, fax or mail requests.**

Scan/email to: [MA.CPS.CHECK@MassMail.State.MA.US](mailto:MA.CPS.CHECK@MassMail.State.MA.US)

Mail to: Massachusetts Department of Children and Families

Attn: Background Record Check Unit

2 Boylston Street, 5th Floor

Boston MA 02111

Fax to: 617-748-2441

Questions: 857-338-3030

***Official Use ON*L*Y:***

* Substantiated Report(s) has (have) been located in Massachusetts involving the above named individual.

*Please contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for further information.*

* No Record has been Found in this state involving the above named individual.

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Title of Person Completing Registry Check Signature Date