



Department of Housing & Human Services

Housing Office: 2525 13th Street, Suite 204 • Boulder, Colorado 80304 • Tel: 303.441.1000 Fax: 720.564.2283

Human Services: Boulder Office • 3460 Broadway • Boulder, Colorado 80304 • Tel: 303.441.1000 Fax 303.441.1523

Longmont Office • 515 Coffman Street, Suite 100 • Longmont, Colorado 80501 • Tel: 303.441.1000

www.bouldercountyhhs.org

BOULDER COUNTY HOUSING AND HUMAN SERVICES CHILD WELFARE RECORDS REQUEST

You **MUST** complete this form to request copies of records, **FAILURE TO PROVIDE COMPLETE INFORMATION IS A CRIME UNDER 19-1-307**. The completed form will be retained in the file of the record requested. All requests are processed as soon as possible but may take longer if the requested information is an inactive file, unusually long, needs to be reviewed by the Administration, or other special circumstances exist. Open referrals/assessments are not available until after closure. There may be instances where you will be referred to either the BCDHHS Attorney or other party.

You may request records pertaining specifically to you, your biological/adopted children to whom you provide care or children you have legal guardianship of. If requesting records for any other party, you must provide a written and notarized authorization from that individual. Boulder County Housing and Human Services cannot release information provided to us by a third party. Information you are unauthorized to receive will be redacted, by law. You will be responsible for paying a fee if it is \$5.00 or more. Fees are calculated at \$.25 per page after the first 10 pages to be copied, \$15.00 per CD/DVD and \$30.00 per hour research and retrieval fee after the 1st 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 processing.

Records from Boulder County Department of Housing and 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.

-----Completed by Requestor-----

I _____ affirm that I am the person named as the requestor on page 2 and that the information provided is accurate.

Signature of Requestor _____ Date signed _____

-----Completed by Notary-----

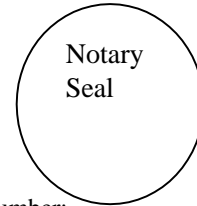
Name of Notary: _____

Location: _____

Commission Expires: _____

Identification Presented:

Driver's License _____ Passport _____ Military ID _____ Other (specify) _____ ID Number: _____



I certify that I have personally witnessed the above party sign the document, and that I have properly verified the identity of the party by personally viewing the above notated identification.

Signature of Notary _____ Date signed _____

Unauthorized review, forwarding, printing, copying, distributing, or using such information is strictly prohibited and punishable under Colorado law.

Matt Jones County Commissioner

Claire Levy County Commissioner

Marta Loachamin County Commissioner



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* Required fields * Date: _____

*DOCUMENTS BEING REQUESTED _____

*Reason for request: Personal _____ Court _____ (Hearing Date) _____ Other _____

PERSON REQUESTING:

*Full Legal Name _____ *Date of Birth: _____

Home Address: _____ City/State: _____ Zip: _____

Mailing Address (if different than above): _____

City/State: _____ Zip: _____ *Phone Number: _____

RECORDS SEARCH ON THE FOLLOWING INDIVIDUALS: Self as indicated _____

Biological/Adopted Children to whom you provide care or Children you have legal guardianship of

Full Name: _____ DOB: _____

Relationship: _____

Full Name: _____ DOB: _____

Relationship: _____

Full Name: _____ DOB: _____

Relationship: _____

***Relationship to child (Circle one):** Biological Parent _____ Foster Parent _____

Other (specify): _____

***Biological Parents (must be answered to process the request):**

What is your relationship with the other parent: Married _____ Divorced _____ Separated _____

Is there a protective or restraining order in place between you and anyone else involved in the case?

No _____ Yes- Please specify: _____

If you have visits with the child are they: Unsupervised _____ Supervised _____

*How would you prefer to receive the documents?

Email to: _____

Pick up (select one) printed or CD in Boulder, 3460 Broadway St Boulder, CO 80304

Pick up (select one) printed or CD in Longmont, 515 Coffman St Ste.100, Longmont, CO 80501

Mail to address listed above (select one) printed or CD

****Please submit this signed and notarized form either in person, by fax, email, or via mail.****

Fax: 303-441-1523 E-mail: hhsrecordsrequest@bouldercounty.org