

Request for CPS RECORDS

My name is _____ I am (mark one): Father Mother
(Print Name)

Other/Name: _____
(state relationship to subject of records)

I reside at _____
street number and name or P.O. Box
_____, _____, _____
City State Zip

My date of birth is ____/____/____ my social security number is _____ - _____ - _____

I am requesting records concerning: Self

Child #1 Name: _____

Child #1 Date of Birth (DOB): _____

Child #1 Social Security Number: _____

Child #2 Name: _____

Child #2 Date of Birth (DOB): _____

Child #2 Social Security Number: _____

Additional Children (List Names & DOB)

List any names of any other adults residing in the home of the child:

I request records for the covering dates of _____ to _____

Records Specified (Please be specific on what records you are requesting)

I understand I will receive a phone call from the Kern County Department of Human Services when my file is retrieved for viewing so that I may schedule an appointment in your office. I understand that I must bring a Valid Photo ID to the appointment to be allowed access to the file.

Dated this _____ day of _____ 20____.

(Self/ Parent's Signature)

(Home Phone Number)

(Cell Phone Number)

Return Completed Form to:
Kern County Department of Human Services
Attention: **Caseload 2261**
PO BOX 511
Bakersfield CA 93302

OFFICE USE ONLY

-Data Entry-Log Affidavit-Waiver of Fees

- Courtesy call Confirming Request
- File Requested _____
- Appointment Scheduled _____
(date) _____ (time) _____
- Please check if large file and time needed to view is more than 1hr.
- 1st Call _____ : _____ am/pm
- 2nd Call _____ : _____ am/pm
- 3rd Call _____ : _____ am/pm
- 48 hr call confirming appointment

- Letter Sent-Request Closed: _____
- File Closed / Returned: _____
- Copies Provided No Records
- Dismissed: _____

NOTES : _____