Background Investigation Unit (BIU)

Individual Child Abuse and Neglect (Trails) Request

COLORADO
Office of Early Childhood
Division of Early Care & Learning

Before Getting Started

Please type directly in this form. Handwritten forms will be returned.

- Use this form if you need to request a child abuse and neglect background check (also referred to as a Trails request) but do **NOT** have a State of Colorado child care license OR if you are an individual going through the adoption or foster care process (i.e., not going through an agency). If you have a State of Colorado child care license number, please submit a Facility Child Abuse and Neglect (Trails) Request form.
- **This request form generates ONE Results Letter.** Results from this request are released to the person/agency/facility listed in the Results Letter release section of the form. If you want a Results Letter sent to the person being background checked AND another person, a second form and fee must be submitted.
- **The child abuse and neglect background check process can take up to 30 business days**, so please plan accordingly. Requests are processed in the order they're received
- A **$35 NONREFUNDABLE** fee is required *for each individual Trails abuse/neglect background check request*. This fee only produces **one** Results Letter.
    - Include a check or money order with your request. Cash or credit card payments are not accepted. Submitting the incorrect fee will delay the processing of your request.
    - The check or money order must be payable to the CDHS, Background Investigation Unit (BIU).
- **Adoption and Foster Care ONLY**: The Results Letter will only list one marriage partner. Therefore, separate child abuse/neglect background investigation request forms and fees are required for each marriage partner.
- Child abuse/neglect background checks do not require fingerprint cards so please do not send these with your request form.
- Incomplete, handwritten, or unsigned child abuse/neglect background check request forms will be returned. If you have questions about which sections need to be completed or about how to complete a section, please call the Background Investigation Unit at 303.866.2266. This is a monitored voicemail line. Calls are returned within two business days.
- Make a copy of your completed form prior to submitting and keep in your files. Mail your completed request and payment to:

  Colorado Department of Human Services (CDHS)
  Division of Early Care and Learning
  Attn: Trails Background Investigation Unit (BIU)
  1575 Sherman Street, Garden Level
  Denver, CO 80203-1714
- For detailed instructions and information about what to expect next, please visit the Office of Early Childhood website: www.ColoradoOfficeofEarlyChildhood.com. Please click the "For Providers" tab, and then select "Background Checks."

Request form begins on page 2.

You do not need to print the form in color OR mail the instruction page (pg. 1) back.

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Section A: Person Being Checked (REQUIRED)

Select the reason for your request (*only select one*):

☐ Adoption ☐ Foster Care ☐ Court Appointed Special Advocate (CASA) ☐ Employment ☐ Volunteer
☒ Guardianship

First Name of Person	Middle Name	Last Name	Social Security #

Previous Names Ever Used (e.g., maiden) - List ALL. *If none, please write "none."*

Date of Birth (MM/DD/YYYY)	Sex (M, F, X)	Race/Ethnicity (White, Black, etc.)	Phone #

Email Address

Current Address

Street Address	City	State	Zip Code

Have you lived at your current address for 10 years or longer? ☐ Yes ☐ No

TEN years of residence history (including temporary residence) is required.

Previous Address

If you've lived in more places in the past 10 years than the space below allows, please provide additional residence history on a separate piece of paper and submit with your request. Include your move-in and move-out date.

Street Address	City	State	Zip Code

Move-In Date (Month, Year)	Move Out Date (Month, Year)

Section B: Spouse/Former Spouse/Parent of Children Information (REQUIRED)

Information about ALL current and previous spouses is required to complete the child abuse/neglect background check. Information for any parents of your children is also required.

Are you currently married? ☐ Yes ☐ No

Have you ever been married? ☐ Yes ☐ No

If you answered yes to ANY of the questions above, you must enter each spouse/partner's information below. *If you have more than one person to enter information for, please provide the required information on a separate piece of paper and submit with your request form.*

Spouse/Partner First Name	Spouse/Partner Middle Name	Spouse/Partner Last Name

Previous Names Spouse Ever Used (including maiden, middle, etc.) - List ALL. *If none, please write "none."*

Date of Birth (MM/DD/YYYY)	Sex (M, F, X)	Race/Ethnicity (White, Black, etc.)	*Social Security #

***A social security number is ONLY required for current adoption/foster care spouses. Leave blank for all other request types.**

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Section C: Child Information (Includes Adult Children) (REQUIRED)

Information for ALL children must be provided below. This includes adult children, adopted children and step children.

Do you have any children (including adult children, step children, etc.)? ☐ Yes ☐ No

Have you ever had guardianship of children that are not your own biological children (e.g., foster children)? ☐ Yes ☐ No

Have you ever lived in a home with any children that were not biologically yours (e.g., stepchildren, etc.)? ☐ Yes ☐ No

If you answered yes to ANY of the questions above, you must enter each child's information below.

- A full middle name must be entered (an initial is not acceptable). If a child does not have a middle name, enter "NMN" (as in "no middle name") in the middle name column.
- If you have more children than the space below allows for, please provide the required information on a separate piece of paper and submit with your request form.

#	First Name	Middle Name (not initials)	Last Name	Date of Birth (MM/DD/YYYY)	Sex (M, F, X)
1					
2					
3					
4					
5					

Section D: Results Letter Release Information (this request generates ONE letter)

Who should the Results Letter be sent to? Results from this request are released to the person/agency listed below. If the individual being checked wants an additional Results Letter, a second request form and fee must be submitted. ***Adoption and Foster Care****: The Results Letter will only list one marriage partner. Therefore, separate child abuse/neglect background investigation requests and fees are required for each marriage partner.*

Agency/Facility Name (if applicable)	Person/Agency/Facility Email Address
NDDHS, Children & Family Services / CBCU	dhscfscbc@nd.gov
First Name	**Last Name**

Street Address or P.O. Box	City	State	Zip Code	Phone #
600 E Blvd Ave, Dept 325	Bismarck	ND	58505	701-328-2316

Section E: Authorizations and Acknowledgements

Signature of Person Being Checked - REQUIRED

By signing below, I authorize the Colorado Department of Human Services (CDHS) to complete a search of child abuse and neglect reports. I confirm that the information I provided on this Trails child abuse/neglect background check request form is correct and accurate to the best of my ability. I understand that providing false or misleading information to the Colorado Department of Human Services could result in criminal prosecution. I also authorize the release of the results of the Trails background check to the person/agency/facility listed in the Release section of this form.

Signature *(Parent/Guardian signature required if under 18 years of age)*	Date