

Background Investigation Unit (BIU)

Individual Child Abuse and Neglect (Trails) Request



Section A: Person to be Checked (BIU Applicant should be listed as the Requestor) (REQUIRED)

Results from this individual request are released only to the person being checked. If any boxes do not apply or are unknown, please leave those boxes blank.

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

Adoption/Foster Care	Court Appointed Special Advocate (CASA)	Employment	Volunteer
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First Name	Middle Name (FULL NAME)	Last Name	Social Security #
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Previous Names Ever Used (including maiden, middle, nicknames, etc.) - List ALL.

Date of Birth (MM/DD/YYYY)	Sex (M, F, X)	Race/Ethnicity (White, Black, etc.)	Phone #
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Email Address (REQUIRED) results will be sent to this email only

Current Address

Street Address	City	State	Zip Code
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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 on this form allows, please provide additional residence history on a separate piece of paper and submit with your request form. Include your move-in and move-out dates.

Street Address	City	State	Zip Code
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Move-In Date (Month, Year)	Move-Out Date (Month, Year)
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Section B: Spouse/Partner/Formal Spouse (REQUIRED)

If any boxes do not apply or are unknown, please leave those boxes blank.
 Information about ALL current and previous spouses is required to complete the child abuse/neglect background check.
 Information for ANY parent of your children is also required and must be entered in the next section.

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 provide information for your current spouse/partner AND each former spouse/partner. If you have more than one person to provide information for, please provide the required information on a separate piece of paper and submit with your request form.

Spouse/Partner/Formal Spouse First Name	Spouse/Partner/Formal Spouse Middle Name (Full Name)	Spouse/Partner/Formal Spouse Last Name
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Previous Names Ever Used (including maiden, middle, nicknames, etc.) - LIST ALL

Date of Birth (MM/DD/YYYY)	Sex (M, F, X)	Race/Ethnicity (White, Black, etc.)
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Section C: Child Information (Includes Adult Children) (REQUIRED)

If any boxes do not apply or are unknown, please leave those boxes blank.

Information for ALL children must be provided below. This includes all living and deceased children, adopted children, and step children. Information for the other parent of your children is required and must also be entered below.

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 other children not referenced above?	Yes	No

If you answered **YES** to ANY of the questions above you must enter information about the child and the other parent below.

- Enter the full middle name (an initial is not acceptable).
- If you have more children than the space below allows for, please provide the required information on separate piece of paper and submit with your request form.

C.1. Enter each child's information below. This includes adult children.

#	Child's First Name	Child's Middle <u>Name</u> (Full Name)	Child's Last Name	Date of Birth (MM/DD/YYYY)	Sex (M, F, X)
1					
2					
3					
4					

C.2. Enter information for the other parent of the children listed above. This is the parent that is NOT you. If any boxes do not apply or are unknown, please leave those boxes blank.

#	Parent's First Name	Parent's Middle <u>Name</u> (Full Name)	Parent's Last Name	Date of Birth (MM/DD/YYYY)	Sex (M, F, X)
1					
2					
3					
4					

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COLORADO
Office of Early Childhood
Division of Early Learning Licensing
& Administration

Section D: 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 understand that the results are ONLY released to the person being checked (myself).

Signature (Parent/Guardian signature required if under 18 years of age) (Do not type)

Date