CITY AND COUNTY OF DENVER

DENVER
THE MILE HIGH CITY

Michael C. Johnston
Mayor

DEPARTMENT OF LAW
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Human Services Section
Child Welfare Legal
1200 Federal Boulevard
Denver, Colorado 80204-322

DELINQUENCY PLACEMENT SEARCH RECORDS REQUEST

This form serves as a request to Denver Human Services to provide a party to an open delinquency case access to confidential placement search information. This form should only be used if/when there is an open delinquency case. If there is an open cross-referenced dependency or neglect case, all submissions must be made using the D&N Discovery Request Form, not this document.

A fully completed and signed form must be received prior to consideration of the information request. Upon receipt, we will determine if the information is available and permissible to provide.

Send email to: jdlegal@denvergov.org

DATE OF NEXT HEARING:_____ **CASE NUMBER:**_____

Juvenile's Name:_____ Juvenile's Date of Birth: _____

Household #, Client ID#, and/or Social Security Number: _____

Placement search information requested for: ☐ Most recent search or ☐ Last 6 months

ACKNOWLEDGMENT

Please initial to acknowledge the following:

_____I understand Denver Human Services will ONLY release information created by Denver Human Services and will only provide information based upon the date of the request.

_____I understand Denver Human Services has no control over information once it has been disclosed to a third party and cannot protect the information if I release the information to any third parties.

_____I understand Denver Human Services is limiting this request to placement records ONLY.

_____I understand that Denver Human Services will strive to provide the records prior to the next court date unless the request is voluminous or includes an open dependency or neglect case.

_____I understand that Denver Human Services will redact the client ID, SSN, name and address of foster parents, and names and address of Kinship placement.

Requestor's Printed Name: _____

Requestor's Mailing Address: _____

City/State/Zip Code: _____

Requestor's EMAIL Address: _____

Requestor's Daytime Phone # _____

Requestor's Signature: _____

Date: _____