

Background Investigation Unit (BIU)

Individual Child Abuse and Neglect (Trails) Request



COLORADO

Department of Early Childhood

Section A: Results Release of Information (SECTION REQUIRED)

Who should the results letter be sent to?

Results from this request will be released to the person/agency/facility listed below. This request and fee only produces one result letter.

Agency/Facility/Business Name (if applicable)		Email Address (REQUIRED):		
First Name (REQUIRED)		Last Name (REQUIRED)		
Mailing Address	City	State	Zip Code	Phone #

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

Adoption

Foster Care

Court Appointed Special Advocate

Employment

Volunteer

Section B: Person to be Checked (SECTION REQUIRED)

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

First Name	Middle Name (FULL NAME)	Last Name	Social Security #
Previous Names <u>Ever</u> Used (including maiden, middle, nicknames, etc.) - List ALL.			
Date of Birth (MM/DD/YYYY)	Sex (M, F, X)	Race/Ethnicity (White, Black, etc.)	Phone #
BIU Applicant Email Address			
Current Address			
Street Address	City	State	Zip Code
Have you lived at your current address for 10 years or longer?		Yes	No
Previous Address			
<i>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.</i>			
Street Address	City	State	Zip Code
Move-In Date (Month, Year)	Move-Out Date (Month, Year)		
Street Address	City	State	Zip Code
Move-In Date (Month, Year)	Move-Out Date (Month, Year)		

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Section C: Spouse/Partner/Formal Spouse (SECTION 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 D: Child Information (Includes Adult Children) (SECTION 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 stepchildren. 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 a separate piece of paper and submit with your request form.

D.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					

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D.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					

Section E: Authorizations and Acknowledgements

Signature of Person Being Checked - **REQUIRED**

By signing below, I authorize the Colorado Department of Early Childhood (CDEC) 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 Early Childhood could result in criminal prosecution. I further authorize the release of the results of the Trails child abuse and neglect background check to the person/agency/facility listed in Section A of this form.

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

Date

Print Name (Parent/Guardian if under 18 years of age)

***Please be sure to attach a copy of your approved form of identification to avoid any delays.**