



REQUEST FOR TEXAS CHILD ABUSE and NEGLECT CENTRAL REGISTRY

Purpose: Use this form to request a Texas Department of Family and Protective Services Central Registry check.

Note: Requests from law enforcement agencies or protective services agencies in another state or foreign country may request basic case history on a person by faxing a request on your state agency's letterhead to Statewide Intake at 800-647-7410. See [3423 Out-of-State Agency Requests for Case History \(OOS Requests\)](#).

Directions: The subject of the background check must read and complete Sections 1-5, then submit this form using the contact information below. **Incomplete or illegible forms will not be processed.**

- Mail: DFPS Background Checks M/C 4111, P.O. Box 149030, Austin, TX 78714-9030
- Email: TXAbuseNeglectBGC@dfps.texas.gov
- Fax: 512-339-5829

If you have questions, email TXAbuseNeglectBGC@dfps.texas.gov.

SECTION 1: CENTRAL REGISTRY INFORMATION

As required by Texas Family Code [§261.002](#), the Texas Department of Family and Protective Services (DFPS) maintains a central registry of reported cases of child abuse and neglect for the State of Texas. Per Texas Administrative Code [§702.251](#), the central registry contains the names of persons who meet either of the following conditions:

- The person is a designated or sustained perpetrator of child abuse or neglect by DFPS Child Protective Investigations (CPI) or the Provider Investigations Program of the Health and Human Services Commission's Regulatory Services Division.
- The person is an alleged perpetrator of child abuse or neglect in an ongoing investigation being conducted by DFPS.

If the check results are clear, you can list another person in **Section 5: Designee** to whom DFPS will send the cleared results.

*NOTE: For requests related to employment or volunteering, DFPS **cannot** release the results to any person other than you.*

If the check results in a match, DFPS will send **only** the results directly to you.

- **Exception for a child custody or adoption evaluation:** If the request is submitted for a court-ordered, child custody or adoption evaluation as defined by the Texas Family Code (see Section 7 of this form).
- **Exception for Adam Walsh and Child Care Development Block Grant (CCDBG) Act of 2014 requests:** A designee that is a representative of another state agency required to comply with the federal law of the Adam Walsh or CCDBG (see Section 5 of this form).

SECTION 2: PURPOSE OF CENTRAL REGISTRY CHECK

Please select the reason you are requesting the background check:

- Placement of a child:
 - Foster Care or Foster Parenting (for example, [Adam Walsh Child Protection Act](#))
 - Kinship
 - Adoption (stepparent, private, international, and so on)
 - Other:
- Childcare, Day Care, or Head Start Employment—in compliance with [Child Care and Development Block Grant \(CCDBG\) Act of 2014](#) and not regulated by Texas Child Care Regulatory.
- Employment or Volunteer: Name of employer or agency:
- Other: Specify the reason for the central registry request:
- Child Custody or Adoption Evaluation (see Section 7 of this form).

NOTE: This option is not applicable to any public child welfare or child protection agency requests.



SECTION 3: SUBJECT OF THE BACKGROUND CHECK

First Name:	Full Middle Name(no initials): <input type="checkbox"/> No Middle Name	Last Name:
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Below, list any other name combinations you use or have used in the past, including married and maiden names. If you do not provide every name, you may receive inaccurate results.

Other First Names:

Other Middle Names:

Other Last Names:

The person does not have any other name combinations.

Current Mailing Address:

City:	State:	ZIP Code:
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Social Security Number:	Date of Birth:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Telephone Number:
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Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Other	Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Unable to Determine	<input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Pacific Islander
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In the following boxes, list any other cities in Texas where you lived. (Attach separate page if needed.)

SECTION 4: RELASE OF RESULTS

As the subject of the request, you have the right to receive the results of this check and to share them with any third party. If this section is blank, DFPS will assume you do not want a copy of the results. If you would like a copy of the results sent to you, please select the appropriate box.

Subject's Email (preferred method):

Mail (Results will be sent to the mailing address listed in Section 3.)

SECTION 5: DESIGNEE

Contact Name:	Title:	Phone Number: 701-328-7575
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Email Address: dhscfscbc@nd.gov	Agency or Organization Name: ND DHHS Criminal Background Check Unit
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SECTION 6: SIGNATURES

This section of the form must be signed by the subject of the background check and *not* the designee. This form *must* be signed in the presence of the Notary Public.

I am the person listed above in Section 3 of this form. The information in this document is correct. I understand that providing false information is a violation of [Texas Penal Code §37.10](#).

If applicable, I grant permission for the results of my cleared Child Abuse or Neglect Central Registry check to be transmitted to the designee I listed in Section 5.

I acknowledge that DFPS cannot guarantee that information transmitted electronically is secure and accessible only to approved parties.

Subject's Signature: X	Date Signed:
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Print Name:

SUBSCRIBED AND SWORN TO before me this _____ day of _____, _____.

[Notary stamp or seal]

Notary Public Signature

SECTION 7: CHILD CUSTODY OR ADOPTION EVALUATORS

If you are a child custody or adoption evaluator as defined in [Texas Family Code §§107.101 or 107.151](#), you may submit this form without the subject's signature and notarization **if** you include a copy of the court order. The evaluator's information must be entered in the designee section under Section 5 of this form. Case workers, case managers, or other staff working with DFPS, and out-of-state public child welfare, child protection, or child placing agencies are **not** considered child custody or adoption evaluators for purposes of this form.

DFPS may require child custody or adoption evaluators who meet certain requirements under Texas law to provide valid picture identification and the court order identifying the evaluator as the authenticated designee, before DFPS will release results.

PRIVACY STATEMENT

DFPS values your privacy. For more information, read our [Privacy and Security Policy](#).