



CHILD ABUSE SCREENING REQUEST INFORMATION

This form is to request a screening to check for Child Protective Services history.

All information except the signature must be typed

AGENCY REQUESTING SCREENING INFORMATION

NAME	TEL # 701-328-7575	EMAIL dhscfscbc@nd.gov
NAME OF AGENCY NDDHHS, Criminal BGC Unit	STREET ADDRESS 600 E Blvd Ave, Dept 325	CITY/STATE/ZIP CODE Bismarck ND 58505-0250

INFORMATION ON PERSON TO BE SCREENED (APPLICANT) ADDRESSES MUST GO BACK FIVE YEARS NO GAPS (PLEASE USE MONTH/YEAR FORMAT FOR ALL ADDRESSES)

FIRST NAME	MIDDLE NAME ONLY (NOT MAIDEN NAME)	LAST NAME
MAIDEN NAME	OTHER NAMES USED IN THE PAST	
DATE OF BIRTH	SOCIAL SECURITY NUMBER	GENDER
CURRENT ADDRESS	CITY/STATE/ZIP CODE	LIST AS MONTH/YEAR-CURRENT
PREVIOUS ADDRESS	CITY/STATE/ZIP CODE	MONTH/YEAR
PREVIOUS ADDRESS	CITY/STATE/ZIP CODE	MONTH/YEAR
PREVIOUS ADDRESS	CITY/STATE/ZIP CODE	MONTH/YEAR
PREVIOUS ADDRESS	CITY/STATE/ZIP CODE	MONTH/YEAR
PREVIOUS ADDRESS	CITY/STATE/ZIP CODE	MONTH/YEAR
PREVIOUS ADDRESS	CITY/STATE/ZIP CODE	MONTH/YEAR
PREVIOUS ADDRESS	CITY/STATE/ZIP CODE	MONTH/YEAR

CURRENT HOUSEHOLD MEMBERS ONLY (To be completed by Foster Care/Adoptions applicants ONLY.)

NAME OF HOUSEHOLD MEMBER	RELATIONSHIP	DATE OF BIRTH	SSN #	GENDER	PREVIOUS STATE(S)	DATE

IN ORDER TO VERIFY THAT YOU ARE THE REQUESTING AGENCY, PLEASE SUBMIT A WRITTEN REQUEST ON AGENCY LETTERHEAD ALONG WITH THIS FORM TO THE GEORGIA CHILD PROTECTIVE SERVICES EMAIL



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ORIGINAL SIGNATURE OF APPLICANT	DATE
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