The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Children and Families
600 Washington Street, 6th Floor
Boston, MA 02111
www.mass.gov/dcf

CHARLES D. BAKER
Governor

KARYN E. POLITO
Lieutenant Governor

MARYLOU SUDDERS
Secretary

LINDA S. SPEARS
Commissioner

Adam Walsh/ Child Protective Service (CPS) Background Record Request Form

The 2006 Adam Walsh Act allows private and public organizations to request a search of the Massachusetts Department of Children and Families (Department) Central registry to determine if the named individual below has any substantiated report of child abuse and/or neglect within the Commonwealth of Massachusetts. The CPS central registry check does not include unsubstantiated reports, Criminal Offender Record Information (CORI) or Sexual Offender Registry Information (SORI). Public and private organizations are responsible to follow their respective procedures for obtaining such information.

I,_____, understand that the Department will review information contained within its Central Registry of Child Abuse/Neglect. I authorize the Department to provide such information to the agency/organization named below. I further certify that the information below is correct to the best of my knowledge.

_____ _____
APPLICANT SIGNATURE DATE

APPLICANT/EMPLOYEE INFORMATION (PLEASE PRINT)

AZDES/DCC Central Registry Background Checks Att: Central Registry Unit PO Box 6123 MD 85B1 Phoenix,AZ 85005
AGENCY / ORGANIZATION NAME AND ADDRESS

_____ _____ _____
LAST NAME FIRST NAME MIDDLE NAME

_____ _____ _____
MAIDEN NAME OR ALIAS (IF APPLICABLE) DATE OF BIRTH PLACE OF BIRTH

_____ _____
LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER MOTHER'S MAIDEN NAME

All requests must be notarized, excluding Law enforcement Agencies /Sherriff Departments and State Child Welfare Agencies. All organizations and individuals can either email, fax or mail requests.

Scan/email to:	MA.CPS.CHECK@MassMail.State.MA.US
Mail to:	Massachusetts Department of Children and Families
	Attn: Background Record Check Unit
	2 Boylston Street, 5th Floor
	Boston MA 02111
Fax to:	617-748-2441
Questions:	857-338-3030

Official Use ONLY:

Substantiated Report(s) has (have) been located in Massachusetts involving the above named individual.

Please contact _____ *for further information.*

No Record has been Found in this state involving the above named individual

_____ _____ _____
Title of Person Completing Registry Check Signature Date