



Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

Fax Cover Sheet

Date: *9-20-2012*

To: *Michael Roberts*

Agency:

Fax: *314-~~423~~-237-4976*

of pages including cover:

From: Linda Chagoya

Agency: Iowa Department of Human Services/Central Abuse Registry

Phone: 515-362-7404

Fax: 515-242-6884

Message:

Warning: The information contained in this transmission is the property of Dept. of Human Services and is privileged and confidential for properly authorized use only, in accordance with the law, and is intended only for the use of the individual or entity named above. If you are not the intended reader of this message nor the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication other than to the intended recipient, is strictly prohibited. Please deliver this facsimile transmission to the above named. If you did not receive all of the pages in good condition, or if you have received this transmission in error please notify the sender by calling 515/362-7404. Thank You.

REQUEST FOR CHILD ABUSE INFORMATION

Persons or agencies with authorized access to child abuse information must use this form to request information about a registered child abuse report. Complete a separate form for each family or individual.

Section I: To be completed by the person or agency requesting the information.			
Requester: Last	First	or Agency Name	Telephone Number
Robertz	Michael	Ross	[REDACTED]
Street	City		State
[REDACTED]	[REDACTED]		[REDACTED]
Relationship to the persons listed in Section II or III:			
Self			
I have read and understand the legal provisions for handling child abuse information which are printed on the back of this form. I understand that this request will not be approved unless I have authorized access.			
Signature of Requester		Date	
[Signature]		9/20/2012	

Complete Section II if the purpose of this record check is employment, licensing or registration, or payment approval.

Section II: List the name and address of the person whose record is being checked.			
Last	First	Middle	Birth Date
Robertz	Michael	Ross	May 11 1967
Street	City		State
[REDACTED]	[REDACTED]		IA 52017
List maiden name, any previous married names, and any alias:			

Complete Section III if the request is for a copy of the written summary of the abuse investigation or assessment.

Section III: Request for written summary.					
Parent's Name(s): Last		First	Middle	County	Birth Date
Street		City		State	Zip Code
[REDACTED]		[REDACTED]		IA	52017
List maiden name, any previous married names, and any alias:					
Children's Name(s) (Attach additional pages if necessary):					
Last	First	Middle	County	Birth Date	Social Security Number

Section IV: Registry or designee decision.	
<input type="checkbox"/> This request for information is approved. <input type="checkbox"/> This request for information is denied because:	Registry only contains registered child abuse information. Iowa Code 232.71 → There is NOT a record.
Signature	Date
[Signature]	SEP 20 2012