

REQUEST FOR SCREENING FOR SUBSTANTIATED REPORTS OF ABUSE OR NEGLECT

I authorize the Department of Social Services/Child Protection Services to screen my name against South Dakota's Central Registry of Child Abuse/Neglect, and to search any information systems for substantiated abuse or neglect reports, and release the findings only to me.

My reason for requesting this screening is _____
(Must Specify)

My name is _____
First Middle Last

Maiden and former names, or aka: _____

Date of Birth: ____/____/____ Social Security Number: ____-____-____ Race: _____

List full name and birth date of **all** your biological children, including those that are adults.

Name	Date of Birth	Name	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Your Name and Return Address:

Your Name

Street Address

PO Box Number / Apt / Suite / Unit / Lot

City Sate Zip

Your Signature Date

Subscribed and sworn to before me, a Notary Public,
this _____ day of _____, _____.

Notary Public Signature

My Commission Expires: ____/____/____

(SEAL)

YOUR SCREENING WILL ONLY OCCUR IF THIS FORM IS PROPERLY NOTARIZED.

Return to: **DSS-Division of Child Protection**
Attn: Nicole LeBeau-Central Registry
700 Governors Drive
Pierre, SD 57501-2291