

Search Fee \$12.00

REQUIRED: Purpose of Search	<input type="checkbox"/> Adam Walsh Law	<input type="checkbox"/> Adoptive Parent	<input type="checkbox"/> Babysitter/Family Day Care
<input type="checkbox"/> CASA	<input type="checkbox"/> Children's Residential Facility	<input type="checkbox"/> Custody Evaluation	<input type="checkbox"/> Day Care Center
<input type="checkbox"/> Institutional Employee	<input type="checkbox"/> Other Employment	<input type="checkbox"/> School Personnel	<input type="checkbox"/> Volunteer

MAIL SEARCH RESULTS TO: Agency, Individual or Authorized Agent Requesting Search

Name Tennessee Department of Human Services, OIG Background Unit	Account Code/FIPS Code Use only an E, U, B, or T CODE:
Address James K Polk Building, 15th Floor, 505 Deaderick St.	
City Nashville State TN Zip 37243	
Contact Name Basem Girgis Tel.# 615-253-4170 Ext	
REQUIRED: Contact E-Mail CCBackground.DHS@tn.gov	Mandatory if agency code has been assigned

PART I: DETAILS OF INDIVIDUAL WHOSE NAME MUST BE SEARCHED

*Legal Last Name:	*Legal First Name:	*Middle Name At Birth: (If middle name is an initial, indicate "Initial Only" below)	
*Maiden Name: (Last name at birth)	*Gender: If other, write in OTHER <input type="checkbox"/> Male <input type="checkbox"/> Female	*Date of Birth (MM/DD/YYYY)	Race:
Driver's License Number or ID #:	*Social Security Number:	Other name: previous married name/nickname/name change (refer to instruction page)	
*Current Address: (Include house # and street name, Apt # if applicable)	*City:	*State:	*Zip Code:

***Applicant's Prior Addresses: All Addresses**

*(Include house # and street name, Apt # if applicable)	*City	*State	*Zip	*Start Date (MM/YY)	*End Date (MM/YY)

Marital Status Single Married Divorced Widowed Partner

List current spouse or partner. If divorced or widowed, list all previous spouses. If never married, write 'N/A'.

*Legal Last Name:	*Legal First Name:	*Middle Name (given at birth)	*Maiden Name: (Last name at birth)	Race:	*Gender: If other, write in OTHER	*Date of Birth: (MM/DD/YYYY)
					<input type="checkbox"/> Male <input type="checkbox"/> Female	
					<input type="checkbox"/> Male <input type="checkbox"/> Female	
					<input type="checkbox"/> Male <input type="checkbox"/> Female	

List all of your children. If you have none, write 'N/A'. Include all adult children, step and foster children not living with you.

*Legal Last Name:	*Legal First Name:	*Middle Name: (given at birth)	*Relationship:	*Gender: If other, write in OTHER Sex	*Date of Birth: (MM/DD/YYYY)
				<input type="checkbox"/> Male <input type="checkbox"/> Female	
				<input type="checkbox"/> Male <input type="checkbox"/> Female	
				<input type="checkbox"/> Male <input type="checkbox"/> Female	



Add additional spouse/children here:

*Legal Last Name: *Legal First Name: *Middle Name: *Maiden Name: (If listing *DOB:
(given at birth) additional Spouse) *Relationship: (mm/dd/yyyy)

**PART II: CERTIFICATION AND CONSENT FOR RELEASE OF INFORMATION
REQUIRED**

I hereby certify that the information contained on this form is true, correct and complete to the best of my knowledge. Pursuant to Section 2.2-3806 of the Code of Virginia, I authorize the release of personal information regarding me which has been maintained by either the Virginia Department of Social Services or any local department of social services which is related to any disposition of founded child abuse/neglect in which I am identified as responsible for such abuse/neglect.

Signature of person whose
name is being searched

Date:

Parent or Guardian signature
(Required for minor children under the age of 18)

Date: