State of Utah

JON M. HUNTSMAN, JR.
Governor

GARY R. HERBERT
Lieutenant Governor

Department of Human Services

LISA-MICHELE CHURCH
Executive Director

Division of Child and Family Services

DUANE E. BETOURNAY
Director

AGREEMENT AND WAIVER
REQUEST FOR CHILD PROTECTIVE SERVICES RECORDS

I _____ have requested Child Protective Service records and documents for case number _____.

I recognize that Utah law does not require the Division of Child and Family Services to release the records I have requested. I further understand the Division of Child and Family Services will provide copies of these documents if I consent to allow Division staff to remove certain information. I understand that the Division will only remove from the documents requested that information identified by state or federal law as confidential or highly sensitive.

I recognize that Utah law allows the Division of Child and Family Services to remove the following information:

- The name and anything that would identify the person(s) making the allegation of child abuse or neglect;
- Information that would impede a criminal investigation;
- Information that would endanger the safety of any person if it were released.

I want to receive the Child Protective Services documents I have requested and I agree to receive copies that have had the following information removed:

- Discussions between the Child and Family Services workers and their attorney;
- Information received from the Bureau of Criminal Identification;
- Information on medical, psychological, or psychiatric evaluation or treatment;
- Drug and alcohol treatment records.

I am aware that by signing this agreement I am agreeing to these terms. I understand that I am giving up certain rights under Utah Code Annotated 62A-4a-412.

I understand and agree to the conditions of this agreement and waiver.

_____ _____
Signed Date

_____
Print name

_____
Street Address

_____
City

_____
State Zip Code

_____
Telephone Number