

## STACIE KWITEK, EXECUTIVE DIRECTOR

## DEPARTMENT OF HUMAN SERVICES

## **REQUEST FOR RECORDS**

First 20 pages \$5.00, after that it is \$0.25 per page

Once the request is compl	eted, we will contact you to discuss your options for receiving records.
Your Name:	
Your DOB:	Your Last 4 SSN: XXX-XX-
Your Address:	
	r:Email Address:
Person You Are Requestin	g Records for and Your Relationship:
Child Name:	DOB:
Child Name:	DOB:
**Were you in DHS c	ustody for the timeframe of the records being requested?
Please list the <u>SPECIFIC</u> at time frame of incident, etc.	and the EXACT information being requested (i.e. referral/case number(s),
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## **Please Note:**

- If you are not a parent to the client, your request will not be processed until DHS is in receipt of a court order showing you have legal custody/guardianship, or a valid release/power of attorney signed and notarized by a parent. If you are a third-party requesting records, you will need a notarized signed release
- The Custodian of Records will not release records or reports that were created by another agency (such as police reports and/or hospital records, etc.) and cannot speak to the existence of (or your entitlement to) additional records under C.R.S. § 24-72-201 et seq. and 24-72-301 et seq. You would need to contact the records custodians of those agencies to discern whether the records exist and your entitlement to them.

You may email your request (with a copy of your ID) to dhsrecordsroom@elpasoco.com

(Please note: The process may take up to 30-45 days.)

Please note that records and reports of child abuse and neglect are confidential pursuant to C.R.S. 19-1-307. Recipients of these records are solely responsible for ensuring the records remain confidential and may not further disseminate the information contained therein.