

Little Rock, AR 72203

Arkansas Department of Human Services Division of Children and Family Services Case File Request

Mothers Information:						
Moners mornation.	Last	First	Middle	Date of Birth		
Fathers Information:						
	Last	First	Middle	Date of Birth		
Child(ren) Information	1:					
	Last	First	Middle	Date of Birth		
Child(ren) Information:						
	Last	First	Middle	Date of Birth		
(use second page if nee	cessary for	additional ch	ildren)			

CHRIS Case Number (if known):							
Name of person requesting case file:							
Relationship (check appropriate box): Self Parent/Guardian Health Care Provider School Resource Parent Attorney Ad Litem for							
Phone number of Requestor:							
Please select how you would like the file sent to you:							
Email Address							
U.S. Mail Street Address City Z	Zip						

THE FOLLOWING IS TO BE (COMPLETED ONLY IN THE	PRESENCE OF A NOTARY
Signature of Applicant		Date
County of	, State of Arkansas	
Acknowledged before me, this	day of	,
Notary Public	My commission expires:	
Please email this form to <u>ARAbuseN</u> Release of Information Unit	eglectRecords@dhs.arkansas.g	ov or mail request to: DCFS
PO Box 1437 Slot S-555		

(05/2021)