



# Child Abuse History Record Request for Private Adoption

**NOTE:** This form must be submitted by the agency identified at the bottom of this page. The applicant may NOT SUBMIT THIS FORM DIRECTLY to the Department of Children & Families.

**LIST ALL** minor household members on this form.  
**Do not include ANY adult household members or foster care children.**

**TO BE COMPLETED BY APPLICANT**

Applicant Name \_\_\_\_\_  
*(Please Print Clearly – Last Name, First, Middle)*

Applicant: SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Prior Name(s): \_\_\_\_\_

Current **Florida** Address: \_\_\_\_\_

Previous Address: \_\_\_\_\_ *(Include city, state, and Zip Code)* \_\_\_\_\_ *Dates at Address*

\_\_\_\_\_ *(Include city, state, and Zip Code)* \_\_\_\_\_ *Dates at Address*

By signing this form, I, as an applicant for adoption, authorize a search for reports of abuse, neglect or abandonment investigated in which my name appears and there were "verified findings" of maltreatment of a child(ren) and I am listed as the "Caregiver Responsible". I further understand that the central abuse hotline search is only one part of the preliminary report to the court for adoption. I understand I will be given the opportunity to discuss the findings of the report(s). This consent is valid solely for the requesting agency/facility listed below on this form. (Chapter 39, F.S.)

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**ALL ADULT (18 & UP) HOUSEHOLD MEMBERS MUST SUBMIT A SEPARATE REQUEST FORM  
PLEASE LIST INFORMATION FOR ALL MINOR (17 & UNDER) HOUSEHOLD MEMBERS EXCEPT FOSTER CHILDREN.**

<u>Last Name</u>	<u>First Name</u>	<u>Middle Initial</u>	<u>DOB</u>	<u>Race</u>	<u>Sex</u>	<u>SSN</u>
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

**Please use another request form for additional household members**

**TO BE COMPLETED BY REQUESTING AGENCY**

Reason for Record Search:

Private Attorney      Child-Placing Agency      LCSW/LMC  
FACCCA (Florida Association of Children Child Caring Agencies)      Other \_\_\_\_\_

Facility/Agency Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Mailing Address      City      Zip Code

**OCA and/or Facility ID:** \_\_\_\_\_

I understand it is a misdemeanor of the first degree for any agency to use or release abuse, neglect or abandonment information to others. The information is **CONFIDENTIAL** and may be used only for the purpose for which it was obtained.

Printed Name and Signature of Requesting Facility/Agency Representative \_\_\_\_\_ Date \_\_\_\_\_

**Please return to DCF via email:**  
**Attention: Private Adoptions**  
**email: [hqw.bgs.adoptions@myflfamilies.com](mailto:hqw.bgs.adoptions@myflfamilies.com)**