

# FOR ADOPTION



Nebraska Department of Health  
and Human Services

Division of Children and Family Services

State of Nebraska

Dave Heineman, Governor

## AGENCY REQUEST FOR INFORMATION FROM THE NEBRASKA ADULT AND CHILD ABUSE AND NEGLECT REGISTER/REGISTRY

**The State of Nebraska approved this form, any alteration will invalidate it.**

I hereby request information from the Nebraska Adult and Child Abuse and Neglect Registry. I agree to use the requested information to determine whether to hire or retain the individual to provide care, custody, treatment, transportation or supervision of children or vulnerable adults. A check of these registers is necessary to comply with 43-107 (1) (b) (ii). of the Nebraska Revised Statutes.

**Agency Name/ Fax:** \_\_\_\_\_  
**Please do not use abbreviations**

**Address and Phone Number:** \_\_\_\_\_

I hereby authorize the Division of Children and Family Services to disclose whether I have an Adult and/or Child Abuse and Neglect Register/Registry record to the above-named agency.

**Print Full Legal Name: (applicant)** \_\_\_\_\_

\_\_\_\_\_  
**Signature (applicant)**

\_\_\_\_\_  
**Date**

**Current Address:** \_\_\_\_\_  
**(Street/City/State/Zip)**

\_\_\_\_\_  
**Applicant Date of Birth**

\_\_\_\_\_  
**Applicant Social Security Number**

**Other names previously used such as former married names, maiden name and nick names.  
Please Print.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Names and birth dates of your children and children who have lived with you. Please Print.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Any Address at which you have resided during the past 20 years. Please Print.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_