

APPLICATION FOR HAITI ADOPTION

Family Last Name: _____
(If different or hyphenated last name, list both: Wife/Husband)

- ♥ Please print clearly, initial & sign in ink
- ♥ Use additional paper if necessary
- ♥ Please do not leave any fields blank
- ♥ Use N/A or None as applicable

The information you provide in this application is very important in determining your qualifications as an adoptive family. All information provided will remain confidential and will be used only by CCAI personnel and your social worker to assist you in the adoption process. This application will not go to Haiti. Please do not omit items (i.e. number of divorces, arrest records, medical information and therapeutic issues). Failure to provide accurate and complete information may prevent CCAI from processing your application and may result in the closure of your file. CCAI reserves the right to perform its own confidential investigation pertaining to the information provided by you should CCAI deem it necessary.

CCAI ♥ 6920 S. Holly Circle ♥ Centennial, CO 80112-1018 ♥ USA

♥ Phone: 303-850-9998 ♥ Fax: 303-850-9997 ♥ Email: info@haitiadoption.org ♥ Website: www.haitiadoption.org ♥

CCAI is a division of Chinese Children Charities

GENERAL INFORMATION

(Please do not leave any blanks)

WIFE

HUSBAND

FULL LEGAL NAME _____

NAME YOU GO BY _____

SOCIAL SECURITY NUMBER _____

BIRTHPLACE (City/State/Country) _____

DATE OF BIRTH/AGE DOB _____ AGE _____

DOB _____ AGE _____

COUNTRY OF CITIZENSHIP* _____

ETHNICITY _____

EDUCATION _____

OCCUPATION _____

PRIMARY EMPLOYER _____

HOBBIES/TALENTS _____

RELIGION The orphanages/crèches that we work with require that their children be adopted into Christian homes. If you meet this requirement please check here.

*Non-US citizens must submit a copy of their valid green card and current passport. Naturalized citizens must submit a copy of their Certificate of Citizenship or Certificate of Naturalization.

HOME ADDRESS: _____
STREET ADDRESS CITY COUNTY STATE ZIP CODE

MAILING ADDRESS: _____ Have you resided outside of Colorado in the past 5 years? _____

(_____) HOME PHONE (_____) FAX _____ PRIMARY E-MAIL

(_____) WIFE WORK (_____) HUSBAND WORK (_____) WIFE CELL (_____) HUSBAND CELL

Do we have your permission to contact you at work? Wife: Yes / No Husband: Yes / No

DATE OF CURRENT MARRIAGE: _____ **CITY/STATE/COUNTRY:** _____

HAVE EITHER OF YOU BEEN PREVIOUSLY MARRIED? Wife: **Yes / No** Husband: **Yes / No**

If previously married, please list how the marriage ended (i.e., annulment, divorce, death), date and previous spouse's name(s).

	How Ended	Date	Previous Spouse's Name
Wife			
Husband			

CHILDREN: Please list all children – born to or adopted by applicants.

Name	Age	Gender	Date of Birth	Birth/Adopted	Ethnicity	Current Location/Custody
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

OTHERS IN HOUSEHOLD (including renters, relatives, live-in nannies)

Name	Gender	Date of Birth / Age	Relationship
_____	_____	_____ / _____	_____
_____	_____	_____ / _____	_____

ARREST HISTORY

HAVE YOU **EVER** BEEN ARRESTED FOR ANY REASON AT ANY AGE? (Even if it was expunged, dismissed, dropped, charged in another state or as a minor.) Please be aware that failure to disclose ANY arrest history, even if acquitted, not convicted, or not fingerprinted, will result in immediate closure of your adoption file.

WIFE: YES / NO DATE: _____ REASON: _____ OUTCOME: _____ Clearance Attached

HUSBAND: YES / NO DATE: _____ REASON: _____ OUTCOME: _____ Clearance Attached

If **YES**, please include the following with your application: 1) a copy* of current Police Clearance Report obtained from the Colorado Bureau of Investigation 2) a detailed explanation of the arrest, written by you and 3) a copy** of the disposition report obtained from the court in the jurisdiction **in which your arrest occurred**.

* Note: Request 2 originals and make a copy to accompany this application. You will use these originals for your adoption process.

**Note: Request 1 certified dispositional report from the related court for each arrest incident. Please make a copy to accompany this application.

HEALTH INFORMATION

	Height	Weight	Eye Color	Hair Color
Wife	_____	_____	_____	_____
Husband	_____	_____	_____	_____

HAVE YOU EVER HAD (W=Wife, H=Husband):

	NO	YES	DATE/EXPLAIN		NO	YES	DATE/EXPLAIN
Tuberculosis	___	___	_____	Cancer/Tumor	___	___	_____
Heart Disease	___	___	_____	Liver Disease	___	___	_____
Sexual Disease	___	___	_____	Kidney Disease	___	___	_____
Mental Illness	___	___	_____	Nervous Disorder	___	___	_____
Lupus	___	___	_____	Seizure Disorder/Epilepsy	___	___	_____
Genetic Disease	___	___	_____	Counseling or Therapy	___	___	_____
Other Communicable Diseases	___	___	_____	Any Physical Impairment (e.g. blindness, deafness, paralysis, missing limbs, etc.)	___	___	_____
Operations (1)	___	___	_____	Alcohol Abuse	___	___	_____
Illness/ Injury Requiring Hospitalization	___	___	_____	Drug Use/Experimentation	___	___	_____

	NO	YES	DATE/EXPLAIN
❖ Have you ever tested positive for HIV and/or Hepatitis B?	___	___	_____
❖ Are you currently taking any medications?	___	___	_____

If “YES” is checked in any category above, please attach a copy of your doctor’s letter to this application. A separate letter is required for each applicant. Each letter should state in layman’s terms: a simple description of the medical issue, onset, treatment, outcome (recovered, “controlled with medication,” etc.) and recommendation for adoption (e.g., “This person is in good physical and mental condition necessary to provide responsible care for an adopted child”). Your current MD or DO can complete each letter. It does not necessarily need to be completed by the physician who treated the medical issue. Please see the footnotes below.

(1) We **do not need** a doctor’s letter for the following operations, medical issues, or their related medications: tonsillectomy, appendectomy, minor joint surgery, laser eye surgery, dental surgery, fertility-related issues, C-section, hyper/hypo-thyroidism, cholecystectomy, high cholesterol, cosmetic surgeries and allergies.

Is infertility one of your reasons for pursuing adoption? Yes/No

Are you pregnant or could be pregnant? Yes/No

HEALTH INSURANCE

HEALTH INSURANCE PROVIDER: _____
 Will they cover an adopted child? _____ Will they cover a child with a pre-existing condition? _____

CCAI recommends that adoptive families research their health insurance terms/limits to avoid delays in coverage. We also encourage you to begin thinking about guardianship for your adopted Haitian child. All families will be asked to provide this information during the adoption process.

EXTENDED FAMILY – Use additional paper if necessary. Please list all immediate family members (living or deceased).

WIFE

	Name	Age	City/State	Occupation	Phone Number	Y/N
Father:	_____	_____	_____	_____	(____) _____	_____
Mother:	_____	_____	_____	_____	(____) _____	_____
Sibling:	_____	_____	_____	_____	(____) _____	_____
Sibling:	_____	_____	_____	_____	(____) _____	_____

HUSBAND

	Name	Age	City/State	Occupation	Phone Number	Y/N
Father:	_____	_____	_____	_____	(____) _____	_____
Mother:	_____	_____	_____	_____	(____) _____	_____
Sibling:	_____	_____	_____	_____	(____) _____	_____
Sibling:	_____	_____	_____	_____	(____) _____	_____

EMPLOYER : CCAI will **NOT** contact your employer; however, we still need complete information in this application.

WIFE

HUSBAND

Company Name	_____	_____
Supervisor	_____	_____
Street Address	_____	_____
City/State/ZIP	_____	_____
Phone	_____	_____

REFERENCES (Please print clearly)

Please list three personal references (no relatives please)

	Name	E-mail Address	Mailing Address	Phone Number
1.	_____	_____	_____	(____) _____
2.	_____	_____	_____	(____) _____
3.	_____	_____	_____	(____) _____

ADOPTION

WHY DO YOU WISH TO ADOPT A CHILD FROM HAITI? _____

Why have you chosen CCAI for this adoption? _____

CHILD or CHILDREN PREFERRED:

Female Male Either

I/We are interested in adopting:

- One child
- More than one child:
 - Twins
 - A sibling group of _____ children
 - More than one unrelated child. We are open to _____ children

Age Range **At the Time of Referral:** _____ to _____ months/years (please circle one)

Comments: _____

FAMILY ASSESSMENT

YES NO

- Are you presently pursuing adoption possibilities through another agency? Agency name: _____
- Have you ever had a home study completed? Date: _____ Agency name: _____
- Have you ever been denied for the placement of a child?
- Has a child ever been removed from your home?
- Have you ever been charged with child abuse, sexual abuse or domestic violence?

If you answered "YES" to any of the above, please provide a detailed explanation. Letter Attached

ADOPTION(S) Through Another Agency

YES NO

- Have you ever completed an adoption through another agency? Agency name: _____
- Have you ever applied and had your application denied for any adoption program? Agency name: _____
- Have you ever refused a child referral?
- Do you currently have a complete dossier sent to Haiti through another agency? Agency name: _____

If you answered "YES" to any of the above, please provide a detailed explanation. Letter Attached

Please share with us some details about your previous adoption(s), if any:

Date of adoption finalization: _____ Age of child at time of referral: _____ Health status: _____ Domestic _____: Name of Country _____
Date of adoption finalization: _____ Age of child at time of referral: _____ Health status: _____ Domestic _____: Name of Country _____

Your home study will be completed by a CCAI social worker who will be assigned to your family.

IMPORTANT ADOPTION INFORMATION

There are certain risks involved in international adoption. While CCAI will attempt to provide you with all available information about the prospective adoptive child and assist you with the entire adoption process, some unpredictable problems and/or events which are beyond CCAI's control may nevertheless occur. These unpredictable problems and/or events include, but are not limited to: changes in the birth parents' plan, adoption requirements or policies promulgated by the Haitian or U.S. governments, and/or changes in international relations between Haiti and the United States.

In addition, a child you will identify to adopt may have physical and/or emotional problems, minor or major, that have remained partially or totally undiagnosed and which were unknown to CCAI. Therefore, your motivation for adoption and an honest assessment of your strengths and weaknesses in parenting are extremely important.

SIGNATURES

We attest that the information we have provided in this application is true, complete and accurate to the best of our knowledge, and we understand that any and all responses are subject to verification. We have read and understand the information regarding CCAI and the risks involved in international adoption. We understand that the approval of our application does not guarantee the placement of a child. We understand that CCAI reserves the right to close our file at any time if we fail to disclose requested information fully and accurately.

We understand that by signing this application we agree to notify CCAI immediately upon any changes in our personal or family situation including job change, change of address, separation, arrest, divorce, pregnancy, placement of foster or adopted child(ren), significant changes in physical or mental health status, significant changes in financial status or any other significant event at any time during the adoption process. We understand that CCAI reserves the right to close our file should any of these changes disqualify us for Haiti adoption.

Wife: _____ Date: _____
Signature

Husband: _____ Date: _____
Signature

Return with a non-refundable \$200 application fee (\$100 for families who have previously adopted through CCAI).
Make checks payable to CCAI.

**Mail to: CCAI Haiti Adoption Program
6920 S. Holly Circle
Centennial, CO 80112-1018**

Before submission please complete

- | |
|--|
| <p>COLORADO FAMILIES CHECKLIST</p> <ul style="list-style-type: none"><input type="checkbox"/> Application<input type="checkbox"/> Application Fee \$_____<input type="checkbox"/> Applicable Attachments<input type="checkbox"/> Child Abuse Record Search
Signature Page<input type="checkbox"/> Background Investigation Unit
Inquiry Form and Fee<input type="checkbox"/> Three Completed Reference Forms<input type="checkbox"/> Make a copy of this application for
your records |
|--|

CCAI Haiti Adoption Fee Policy/Agreement for Colorado Families

CCAI is a non-profit 501(c)(3) charitable child-placement agency. The purpose of this Fee Policy/Agreement is to 1) disclose to adoptive families all CCAI program fees and the services covered by those fees prior to the payment of the first fee, 2) inform families of the conditions under which fees are charged, refunded, or reduced, 3) inform families of the consequences of non-payment, and 4) inform families of non-CCAI costs/fees that they will be responsible for throughout the adoption process.

1. CCAI Program Fees

Because families will receive CCAI services over a period of many months during the adoption process, CCAI divides its program fees into three payments – collecting fees only when the family is ready to receive services.

Payment	Services Covered	Due
1 st Fee - \$4,000	Adoption Orientation, Adoption Assessment/Home Study, USCIS Filing, Dossier Assistance/ Review & Sealing, Domestic Communication, Administration, Translation, Child Match Coordination	After application approval
2 nd Fee - \$1,000	State Required Adoption and Parent Training, International Communication, Parent Preparation & Haiti Adoption Trip Training	Dossier submission
Refundable Post Adoption Court Validation Deposit - \$200	To be refunded to the family when all post adoption court validation requirements are satisfactorily completed.	Prior to bringing the child home

CCAI does not allow any money or considerations to be released as payment for a child or inducement to release a child. Adoptive families are paying CCAI and other adoption service providers for services; families are not “paying for children.” Additionally, no part of CCAI program fees will be used to fund programs or services that do not pertain to your adoption.

2. Payments, Refunds, Reductions, or Changes

- A. All fees must be paid in full when they are due.
- B. Adoptive families are entitled to request for their adoption file to be closed at any time during the adoption process by submitting a written request, signed by both parents.
- C. Refund Policy and Schedule:
 - First CCAI Program Fee: 50% refundable within 30 calendar days, 30% refundable within 60 calendar days, and 0% refundable after 60 calendar days of receipt of full payment.
 - Second CCAI Program Fee: 50% refundable within three months, 25% refundable within six months, and 0% refundable after six months of receipt of full payment.
 - * You may request that all or part of your refund be donated to the Chinese Children Charity Fund. A tax exempt letter will be provided.
 - ** 90 days following closure of your file, all unclaimed refunds will be transferred to the Chinese Children Charity Fund and a tax exempt letter will be provided.

Initials _____

D. The amount of the CCAI program fees will not change throughout your adoption. CCAI is not responsible for other non-CCAI service related adoption fees/costs that may change/fluctuate while the adoptive family is in process.

E. CCAI is not responsible for adoption related fees and costs paid to other governmental and/or private agencies, such as USCIS, U.S. and Haitian Consulates, State Department, travel agencies, etc.

Initials _____

3. Consequences of Non-Payment

After notices at 30 and 60 days, if payment of the first fee is not received within 90 days of application approval, and no other written payment arrangements are made, CCAI will close the adoptive family's file. Adoptive families should inform CCAI if they may not be able to make timely payments, as an alternative payment plan may be possible.

Initials _____

4. Non-CCAI Fees/Costs (Please refer to "Adoption Expense & Chronology" for details)

- A. Your child abuse clearance report, approval of placement by Colorado State Department, police clearance report, fingerprints, and filing I-600A to USCIS.
- B. Certification/authentication of your dossier by the Secretary of State(s).
- C. Your passport(s).
- D. Your international travel and accommodations.
- E. Haitian facilitator and government fees that include dossier processing and adoption finalization.
- F. Orphanage fees paid to the local Haitian orphanage/crèche where your child is cared for.
- G. Your child's passport and visa, physical examination, and international travel for him/her to enter the U.S.

I/We have read the CCAI Fee Policy/Agreement carefully and understand that it is my/our responsibility to pay all fees on time in order to receive child placement services from CCAI. I/We understand that while CCAI's fees will NOT change throughout my/our adoption, non-CCAI fees/costs may change/fluctuate while I/we are in process. I/We further understand that non-CCAI fees/costs paid throughout this adoption are my/our responsibility and are not refundable through CCAI should I/we discontinue the adoption.

I/We are paying the first CCAI fee of _____ (see front page for amount) by check or money order made payable to CCAI.

I/We understand that signing this agreement indicates that I/we acknowledge and agree to pay the fees and costs of my/our adoption through CCAI.

Husband's Printed Name

Wife's Printed Name

Husband's Signature

Wife's Signature

Date

Date

This document has been subscribed and affirmed before me in the County of _____
State of _____, this ____ day of _____, 20____. My Commission Expires: ____/____/____

Note: This **two-page document** is not valid unless both pages are initialed/signed and returned to CCAI.

CCAI Haiti Adoption Service Agreement

Colorado Families

This service agreement was created by and between CCAI and _____ (hereafter referred to as the “Adoptive Family”) for the purpose of ensuring high-quality child placement service and mutual understanding between CCAI and the Adoptive Family.

Based on the information in your application, **CCAI** agrees to do the following for the Adoptive Family:

- Provide the Adoptive Family with personalized service throughout the adoption journey.
- Maintain confidentiality of all the Adoptive Family’s identifying information according to CCAI’s Confidentiality Policy.
- Provide the Adoptive Family with accurate and current information about how to prepare for the adoption process, compile the dossier, prepare for child match and travel, fill out United States Citizenship and Immigration Services (USCIS) paperwork, complete post adoption requirements, and access information regarding current match and travel timelines.
- Assist the Adoptive Family in identifying and accepting a child for adoption from Haiti.
- Prepare a home study that will meet the requirements of the State of Colorado, the USCIS, and the Institut du Bien Etre Social et de Recherches (IBESR).
- Guide the Adoptive Family through USCIS requirements.
- Provide information and services to the Adoptive Family regarding Colorado pre-adoption requirements.
- Review the Adoptive Family’s completed dossier and prepare it to be sent to Haiti.
- Provide the Adoptive Family with at least 24 hours of adoption and parent training as required by the state of Colorado.
- Act as the Adoptive Family’s liaison to Haiti between dossier submission and adoption finalization in Haiti.
- Be the Adoptive Family’s link to their child’s crèche/orphanage between match and travel.
- Translate various adoption documents from French to English or from English to French.
- Seal various adoption documents at the Haitian Consulate.
- In the event of potential disruption (refuse a child prior to adoption finalization in Haiti), provide counseling service and support, and in the event of disruption, contact the Haitian processor.
- In the event of potential relinquishment of a child at any point after adoption finalization in Haiti, provide counseling service and support, and in the event of relinquishment, provide referral services.
- Provide post adoption support to the Adoptive Family and the Adoptive Family’s adopted Haitian child for one year.

Agency Initial _____ (CCAI Representative)

During my/our adoption journey I/we, the **Adoptive Family**, agree to:

- Provide CCAI with the needed documents and participate in the home study visits and process.
- Submit the necessary USCIS forms and documents to CCAI in a timely manner according to USCIS regulations and CCAI’s instructions.
- Compile my/our adoption dossier for submission to Haiti within six months of submission of this Service Agreement. CCAI reserves the right to close my/our file if I/we do not complete the dossier process in the specified time frame, following a 30-day written notification.
- Comply with the 24 hours of state-required adoption and parent training prior to travel to Haiti.
- Review, sign, and return my/our child match acceptance to CCAI in a timely fashion. Should I/we fail to communicate my/our decision regarding my/our child referral within 30 days, CCAI will close my/our Haitian adoption file.
- Travel to Haiti twice (at least one parent) to file my/our I-600, appear in court, and then finalize my/our adoption.
- Comply with the post adoption requirements of Haiti and Colorado.

- Notify CCAI upon any changes in my/our personal or family situation including job change, change of address, separation, divorce, pregnancy, placement of foster or adopted child(ren), significant changes in physical or mental health status, significant change in financial status, or any other significant events.
- Discuss with my/our social worker realistic expectations of the Haiti adoption process as well as expectations regarding the physical and developmental conditions of my/our future adopted child.
- Stay informed about current Haitian timelines and other important information by reading all agency-issued information including CCAI's newsletters, informational memos, and website updates, etc.

Adoptive Family Initials _____

I/We acknowledge and understand that the **USCIS** is responsible for:

- Receiving my/our initial USCIS filing and inviting me/us to be fingerprinted.
- Reviewing all my/our USCIS documents, including the home study, and issuing their I-171H approval which allows me/us to adopt an orphan from Haiti.
- Issuing my/our adopted Haitian child's visa to enter the United States through the U.S. Consulate in Port-au-Prince, Haiti.

I/We acknowledge and understand that the **Haitian government** is responsible for:

- Setting the standards for qualified adopters and dossier requirements for Haitian adoptions.
- Receiving and reviewing my/our dossier documents.
- Approving me/us to adopt my/our pre-identified child.

I/We, the Adoptive Family, understand the responsibilities of the **USCIS** and the **Haitian government**.

Adoptive Family Initials _____

I/We, the Adoptive Family, have read the "Basic Steps and Timeline" document which was sent to me/us with the Information Packet. I/We understand that the timeframe referred to may change during my/our adoption process depending on factors such as the speed of dossier preparation, how quickly the USCIS processes my/our application, the current timeline of the Haitian government, etc.

Adoptive Family Initials _____

I/We understand that, upon its completion, I/we have the opportunity to read and review my/our home study, excluding the confidential reference section, at the CCAI office.

Adoptive Family Initials _____

Should at any point in my/our adoption process I/we cease to qualify for Haiti adoption according to the 1974 Haitian Adoption Law, current Haitian government policies and practices, and/or U.S. immigration laws, I/we understand that the Haitian government may return my/our dossier and CCAI may close my/our adoption file.

Adoptive Family Initials _____

I/We understand the information provided on the Family News portion of the CCAI website and the copyrighted Dossier Guide is intended for the sole use of my/our CCAI adoption. I/We agree not to transmit this information to any other individuals.

Adoptive Family Initials _____

I/We, the Adoptive Family, have selected CCAI as my/our international adoption agency and understand that the goal of my/our relationship is to have a relinquished Haitian child placed with my/our family. I/We understand that there are certain risks involved in international adoption. While CCAI will attempt to provide me/us with all available information about the prospective adoptive child and assist me/us with the entire adoption process, some unpredictable problems and/or events which are beyond CCAI's control may nevertheless occur. These unpredictable problems and/or events include but are not limited to: changes in the birth parents' plan, adoption requirements or policies promulgated by the Haitian or U.S. governments, and/or international relations between Haiti and the U.S. In addition, a child may be placed with me/us with physical and/or emotional problems, minor or major, such as malnutrition and developmental delays, that have remained partially or totally undiagnosed and which were unknown to CCAI.

Adoptive Family Initials _____

I/We further understand other governmental and/or private agencies' service quality & refund policy are out of CCAI control, and I/we will not hold CCAI accountable should I/we have any complaint against those agencies. Those agencies include, but are not limited to, USCIS, Secretary of State, State Department, Haitian & American Consulates, Haitian government offices, and travel agencies, etc.

Adoptive Family Initials _____

Both CCAI and the Adoptive Family sign this agreement with the full understanding of my/our responsibilities, as well as the responsibilities of the USCIS and the Haitian government.

Husband's Printed Name

Wife's Printed Name

Husband's Signature & Date

Wife's Signature & Date

This document has been subscribed and affirmed before me in the
County of _____ State of _____, this ____ day of _____, 20____.

(Notary's Signature) _____

My Commission Expires: ____/____/20____

Agency Representative Name

Signature & Date

Note: This three-page document is not valid unless all pages are initialed, signed, notarized, and returned to CCAI. Any changes to this document will automatically void this agreement.

STATE OF COLORADO



Colorado Department of Human Services
people who help people



EMPLOYMENT & REGULATORY AFFAIRS
BOARDS & COMMISSIONS DIVISION
Background Investigations Unit
1575 Sherman Street
Denver, Co 80203-1714
Phone: 303-866-4614
FAX: 303-866-5340

Bill Ritter, Jr.
Governor

Karen L. Beye
Executive Director

BACKGROUND INVESTIGATIONS UNIT FACILITY INQUIRY FORM

One of the following must be marked in order for BIU to process your request: Day Care/Preschool____
Day Treatment____ RCCF____ TRCCF/PRTF____ Adoption____ Foster Care____ Camp____

Please note: This form must be accompanied by a check or money order for \$30.00 made payable to: CDHS, BIU, Records & Reports. Please return to CDHS, BIU, 1575 Sherman Street, Denver, CO 80203-1714

Name of Facility: _____ CDHS License Number: _____

Mailing Address: _____

City State Zip
Name of individual requesting information: _____ Phone: _____

PLEASE PRINT LEGIBLY

Applicant Information

First Name Middle Name Last Name Alias/Maiden Name

Date of Birth Sex: M/F Race Social Security Number

Current Address City/State/Zip Timeframe at address

Previous Address City/State/Zip Timeframe at address

SPOUSE/FORMER SPOUSE/PARENT(S) OF YOUR CHILDREN (Add additional names on the back of this form)

First Name Middle Name Last Name Alias/Maiden Name

Date of Birth Sex: M/F Race Social Security Number

CHILDREN/STEPCHILDREN – Use full names. (Add additional children on the back of this form)

1) Complete Name Date of Birth Sex: M/F

2) Complete Name Date of Birth Sex: M/F

Any person who willfully permits or who encourages the release of data or information related to child abuse or neglect contained in TRAILS to persons not permitted access to search information commits a class 1 misdemeanor pursuant to §18-1.3-501, C.R.S.

Applicant Signature (if under the age of 18, parent signature required) Date of Request

Other State & Other Country Child Abuse Registries

Wife:

Full Legal Name: _____

Previous Names Used: _____

Race: _____

DOB: _____

SS#: _____

Husband:

Full Legal Name: _____

Previous Names Used: _____

Race: _____

DOB: _____

SS#: _____

List States or Countries & Years lived in, **OTHER** than Colorado, for the last 5 years.

Wife:

List States or Countries & Years lived in, **OTHER** than Colorado, for the last 5 years.

Husband:

Please return this from with your application. Thank you!