



HEALTH & HUMAN SERVICES
CHILDREN'S SYSTEM OF CARE

Request for Copies of Child Welfare Services Records

Name of minor(s):

Date of birth:

Purpose of request:

List specific time periods:

****Listing 'All Records' will not be accepted****

Requesting party:

Phone number:

Relationship to client:

County:

This release does not include copies of Mental Health Records. A separate request is required.

Please initial next to each paragraph to indicate you have read and understood the stated information

_____ **Notice to requesting party:** Only individuals identified in WIC 10850, 827, 827.10 are allowed to receive copies of juvenile records. Such individuals include: the minor; the parent or guardian who is participating in a family law or probate guardianship case involving custody or visitation issues; the parent or guardian involved in a criminal or juvenile proceedings involving the minor; and the attorney for the parent, guardian or minor provided the attorney is actively participating in the family, probate, criminal or juvenile proceeding involving the minor.

_____ Juvenile records are confidential and are subject to the provisions of Welfare and Institutions Code (WIC) 827 and 10850. It is important that you understand and specifically agree that information you have or will receive, if you are entitled to such information, shall not be copied, publicly exhibited, shown, displayed, or disseminated to any person or agency, other than those persons and agencies authorized under WIC 827 to receive such documents. Unlawful dissemination of this information in any form is a misdemeanor.

_____ Juvenile records may not be used in other court proceedings without prior approval of the presiding juvenile court judge. You may file a petition for use of such records pursuant to WIC 827, wherein the Juvenile Court may set a hearing date to review the records in camera and determine the necessity for disclosure.

_____ To cover reasonable costs, copies are 50 cents for the first page, plus 25 cents for each additional page. These costs are paid in advance of receiving the requested copies. Only check or money orders made out to **COUNTY OF PLACER** will be accepted at pickup. We do not accept cash or credit/debit cards.

Signature of requesting party

Date of request

Return your completed request to the nearest Placer County Children's System of Care office.

If you are mailing your request, send to: Custodian of CWS Records, 11716 Enterprise Drive, Auburn, CA 95603. You must include a notarized copy of your ID. You will receive a phone call for confirmation of information and the total cost to obtain the records.