

The Commonwealth of Massachusetts Executive Office of Health and Human Services Department of Children and Families 600 Washington Street, 6th Floor Boston, MA 02111

www.mass.gov/dcf

MARYLOU SUDDERS Secretary

LINDA S. SPEARS Commissioner

KARYN E. POLITO Lieutenant Governor

Adam Walsh/ Child Protective Service (CPS) Background Record Request Form

| Families (Department within the Common Record Information (| t) Central registry to determine if the wealth of Massachusetts. The CPS co | named individual below has any entral registry check <u>does not</u> i | of the Massachusetts Department of Children and substantiated report of child abuse and/or negle nclude unsubstantiated reports, Criminal Offend rivate organizations are responsible to follow the | ct er |
|---|---|---|---|----------|
| | | epartment to provide such infor | nent will review information contained within imation to the agency/organization named below | |
| APPLICANT SIGNATURE | | DATE | <u> </u> | |
| | APPLICANT/I | EMPLOYEE INFORMATION (F | PLEASE PRINT) | |
| Comme | ercial Investigations LLC | 622 Loudon Ro | ad, Suite 201 Latham, NY 12110 | |
| | AGEN | CY / ORGANIZATION NAME AND | ADDRESS | |
| LAST NAME | | FIRST NAME | MIDDLE NAME | |
| MAIDEN NAME OR ALIAS (IF APPLICABLE) | | DATE OF BIRTH | PLACE OF BIRTH | |
| LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER | | | MOTHER'S MAIDEN NAME | |
| = | pe notarized, excluding Law enfor nd individuals can either email, fa | _ | epartments and State Child Welfare Agencie | 5. |
| Scan/email to: | MA.CPS.CHECK@MassMail.State.N | | | |
| Mail to: | Massachusetts Department of Chil Attn: Background Record Check Ur 2 Boylston Street, 5 th Floor Boston MA 02111 | | | |
| Fax to: | 617-748-2441 | | | |
| Questions: | 857-338-3030 | | | |
| Official Use ONL | Y: | | | |
| Substantiate | d Report(s) has (have) been locate | ed in Massachusetts involving | the above named individual. | |
| Please contact | | | for further information. | |
| No Record h | as been Found in this state involvi | ng the above named individu | al | |
| Title of Perso | on Completing Registry Check | Signature | Date | |