SOUTH DAKOTA REQUEST FOR SCREENING FOR SUBSTANTIATED REPORTS OF ABUSE OR NEGLECT

I authorize the Department of Social Services/Child Protection Services to screen my name against South Dakota's Central Registry of Child Abuse/Neglect for substantiated abuse or neglect reports for the purposes of foster care or adoptive parent only. This information will be released to the requesting agency.

My name is _				
	First		Middle	Last
Address				
			8	
25				
Date of Birth:		Race:		= 4
List <u>full name</u> a	nd <u>birth date</u>	e of <u>all</u> your biolo	ogical children, includir	ng those that are adults.
Name		Date of Birth	Name	Date of Birth
Agency Name a	ind Return A	Address:		
· .			Date:	
Street Address and	/or PO Roy Nu	Imbor	*	P
on out had been affer	7011 0 000 140			
City	Sate	Zip	Subscribed and sworn this day of	to before me, a Notary Public,
				#3
(SEAL)			Notary Public	
			My Commission Expires	3: 15

Your screening will only occur if this form is notarized.