CHILD ABUSE AND NEGLECT BACKGROUND INQUIRY

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
CHILD ABUSE AND NEGLECT PROGRAM
SFN 433 (12-2009)

Clear Fields

Part I: Agency/Organization Information

Agency/Organization			
Address	City	State	ZIP Code

Part II: Authorization for Release of Information

To be completed by the person giving consent/authorization (please print)

I give the North Dakota Department of Human Services (DHS) permission to check the Child Abuse and Neglect Information Index for my name. Further, I give DHS permission to provide any information they discovered about me to the above-named Agency/Organization.

Name (Please Print)			Date of Birth
Maiden Name(s), Alias or Other Former Names You Have Gone by in the Last Ten Years			
Current Address	City	State	ZIP Code
Previous North Dakota Address(s)	City	State	ZIP Code
Signature			

Part III: Do Not Write Below - State Office Use Only

☐ No reports of child abuse/neglect were found on the above-named individual.

☐ A report(s) of child abuse/neglect was found. For further details, please contact:

Name	Telephone Number

Name of Person Completing CA/N Background Inquiry	Date

Children and Family Services/NDDHS
600 East Boulevard Avenue
Bismarck, ND 58505
701-328-3580
e-mail: dhscfs@nd.gov