

STATE OF NEW MEXICO
CHILDREN, YOUTH AND FAMILIES DEPARTMENT
JUVENILE JUSTICE SERVICES DIVISION

**REQUEST FOR DISCLOSURE OF
CONFIDENTIAL INFORMATION**

1.) Date of request: _____ 2.) Case name: _____

3.) I certify that I am one of the following persons entitled to inspect the records of the Children, Youth and Families Department concerning this case (check one):

_____ Child's Attorney _____ Guardian ad Litem _____ CASA or Court Personnel

_____ Law Enforcement _____ District Attorney _____ Indian Tribe JJS/Social Services

_____ Other state social services agency _____ Corrections Department Personnel

_____ The youth involved in this case, and 14 years of age or older

_____ Foster parent (limited to records necessary for the treatment or care of a child who is placed with or may be placed with this foster parent);

_____ School personnel involved with the child (limited to records concerning the child's social or educational needs necessary for the child's educational planning);

_____ Health care or mental health professionals involved in the evaluation or treatment of the child, the child's parents, guardians, custodian or other family members;

_____ Protection and Advocacy representative pursuant to the federal Developmental Disabilities Assistance and Bill of Rights Act and the Federal Protection and Advocacy for Mentally Ill Individuals Act of 1991; or

_____ Parent, guardian or legal custodian (limited to information necessary for the child's treatment or care).

4.) Description of record disclosure requested:

5.) Court Docket Number (if any): _____ 6.) County where filed: _____

7.) Child's DOB: _____ (NOTE: if child is over 14, they must sign a separate release form authorizing the release of Mental Health/Behavioral Health records, if these records are requested)

8.) Name, address and telephone number of person or firm requesting disclosure:

NOTE: The Department charges \$0.25 per page unless there is an order for free process.

CERTIFICATE

I, the undersigned REQUESTER, CERTIFY that I am familiar with the statute governing confidentiality of all records concerning a delinquency proceeding or referral and STATE that I am an individual identified above who is entitled to inspect such records requested. Upon receipt of the records provided, I hereby AGREE not to re-disclose the information described herein to any other person or organization except as otherwise provided by law.

Date signed

Requester Signature

Title/Position

Please Return To:
CYFD Office of General Counsel
ATTN: Kathleen Hardy, Records Custodian
PO Drawer 5160
Santa Fe, NM 87502-5160
Ph: (505) 476-0471 Fax: (505) 827-4474

THE INFORMATION DESCRIBED HEREIN IS CONFIDENTIAL AND/OR PRIVILEGED PURSUANT TO NMSA 1978, §32A-2-32. DISCLOSURE OR REDISTRIBUTION IS PROHIBITED AND IS A PETTY MISDEMEANOR THAT MAY RESULT IN INCARCERATION OF NOT MORE THAN SIX MONTHS, A FINE OF NOT MORE THAN \$500.00, OR BOTH

Signature and title of person making disclosure

Date disclosure made

Description of record disclosure made (if different from paragraph 4 above):

() No. of pages _____ X .25c/page = \$ _____ copy charge collected
() Order for free process presented () Other reason for free process