

STATE OF NEW MEXICO
CHILDREN, YOUTH AND FAMILIES DEPARTMENT
CHILD PROTECTIVE 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):

_____ Party to a neglect or abuse proceeding	_____ Legal discovery to respondent	_____ Guardian ad Litem
_____ CASA or Court Personnel	_____ Law Enforcement	_____ District Attorney
_____ Indian Tribe	_____ Other state social services agency	_____ CRB member

_____ Foster parent, relative, or fictive kin (limited to records concerning social, medical, psychological, or educational needs of a child who is, or may be, placed with this foster parent, relative, or fictive kin)

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

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

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

_____ Children's safehouse organization conducting investigatory interviews of children on behalf of a law enforcement agency or the Department

_____ Parent, guardian, or legal custodian whose child has been the subject of an investigation of abuse or neglect where no petition has been filed (limited without Court order to medical reports, psychological evaluations, law enforcement reports, and other investigative or diagnostic evaluations)

If checked, name and date of birth of child:

_____ Parent in an abuse and neglect proceeding where a CYFD petition for custody has been filed

If checked, name and date of birth of child:

NOTE: The Department charges \$0.25 per page, to be paid prior to release of documents, unless there is a court order for free process.

4.) Description of record disclosure requested:

5.) FACTS case # (if known): _____ 6.) Court docket number (if any): _____

7.) County where filed: _____

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

NOTE: The Department charges \$0.25 per page, to be paid prior to release for documents, 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 protective services records 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-4-33. 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