

**Department of Human Services
Request for Child Welfare Records
under C.R.S. § 19-1-307**

Individuals requesting child welfare records from the Eagle County Department of Human Services must complete this form, provide a copy of their identification, and submit both (this form and a copy of their identification) via email to cwrecords@eaglecounty.us

Under Colorado law, reports of child abuse or neglect shall be confidential and shall not be public information. C.R.S. § 19-1-307 (1)(a). Records are private and the individual seeking the records must establish that they have an exception that allows them to receive the records. You can find a list of individuals or agencies that may have access to records within C.R.S. § 19-1-307 (2).

After completing this form, you will have access to child welfare information pertaining to yourself and your child(ren). However, all records are redacted to protect the confidentiality of reporters and other persons as deemed appropriate. Depending on what information is contained with the records requested, the documents received are likely to be heavily redacted, this means that some records will not be available for you to view or read.

Records requests are processed through the Eagle County Government Attorney's office. You can expect to receive a copy of your records within six weeks from the date the request is received. The records will be sent to you via the United State Postal Service so please ensure the mailing address provided on page two of this form is up to date accurate and please print clearly.

I _____, request a copy of TRAILS system information regarding myself and/or minor child(ren) as listed below:

Name:	Date of Birth	Requestor's relation to child
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

I am requesting records from the following time period:

_____ to _____
(Month/Year) (Month/Year)

Or

I am requesting the specific records identified below:

Your full name: _____

Phone number: _____

Mailing Address: _____
Po Box City State Zip Code

Signature

Date

****Please attach a copy of your identification****