

**CHILD ABUSE RECORD INFORMATION FORM**  
 DEPARTMENT OF CHILDREN & FAMILIES  
 COURT APPOINTED SPECIAL ADVOCATE (CASA) VOLUNTEER

PLEASE PRINT CLEARLY IN INK. COMPLETE THIS FORM ON BOTH SIDES AND RETURN IT TO **CASA OF NEW JERSEY, 77 Church Street, New Brunswick, NJ 08901**. ATTACH ADDITIONAL SHEETS IF MORE SPACE IS NEEDED.

Your full name (first, middle, last): \_\_\_\_\_

Previous name, maiden name or nicknames: \_\_\_\_\_

Date of name change, if applicable: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Race: \_\_\_\_\_

Social Security number: NOT REQUIRED Sex: \_\_\_\_\_

NOTE: Pursuant to the Federal Privacy Act of 1974 (P.L. 93-579), the disclosure of your Social Security number is voluntary. Your Social Security number, race, date of birth, and sex will only be used for the purpose of conducting a Child Abuse Record Information background check as authorized by the New Jersey State Adoption Law (N.J.S.A. 9:3-37 et seq.).

Full names and ages of your children, if any: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Your previous addresses since 1981 and the dates you lived at each address:

1) \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_  
 (month) (year) (month) (year)

2) \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_  
 (month) (year) (month) (year)

3) \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_  
 (month) (year) (month) (year)

4) \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_  
 (month) (year) (month) (year)

Name: \_\_\_\_\_

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All CASA Volunteers completing this form must read the following and sign below:

I consent to have the Department of Children and Families conduct a Child Abuse Record Information check to determine whether an allegation of child abuse or neglect has been substantiated against me. I certify that I am not currently being investigated for any allegation of child abuse or neglect. I understand that if a record of substantiated child abuse or neglect is found, or if I refuse to sign this consent form, I will not be permitted to work as a CASA Volunteer. I certify that all information I have given on this form is accurate and complete to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR CASA OF NJ USE ONLY**

**CASA PROGRAM NAME:** \_\_\_\_\_

**CASA NJ: 77 Church Street , New Brunswick, NJ 08901**

Staff signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR DEPARTMENT OF CHILDREN & FAMILIES USE ONLY**

CARI staff initials \_\_\_\_\_

CARI CASA 10/13