

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: _____

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 _____