

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
REQUEST FOR INFORMATION – PRIVATE ADOPTION
FOR USE BY COURTS OR DISINTERESTED PERSONS ONLY – Please Complete

SCR USE: BATCH #

RESOURCE ID #	ADOPTION LIAISON	AREA CODE/PHONE #
DOCKET FILE #	COURT NAME AND ADDRESS	ZIP CODE

Section 422.4(A)(p) of the Social Services Law allows a disinterested person** conducting an investigation relating to a pending private placement adoption application access to child protective services information in the possession of the Statewide Central Register of Child Abuse and Maltreatment (SCR).

This court, as part of such an investigation, has decided to request such access.

****See reverse for explanation of Disinterested Person**

INFORMATION TO BE FILLED OUT BY PROSPECTIVE ADOPTIVE PARENT(S)

LAST NAME	FIRST NAME	MI	SEX <input type="checkbox"/> M <input type="checkbox"/> F	DATE OF BIRTH	
MAIDEN NAME ALIAS		FIRST NAME			
LAST NAME	FIRST NAME	MI	SEX <input type="checkbox"/> M <input type="checkbox"/> F	DATE OF BIRTH	
CURRENT ADDRESS	CITY	STATE	ZIP	FROM	TO
PREVIOUS ADDRESS FOR THE LAST 28 YEARS	CITY	STATE	ZIP	FROM	TO
PREVIOUS ADDRESS FOR THE LAST 28 YEARS	CITY	STATE	ZIP	FROM	TO
PREVIOUS ADDRESS FOR THE LAST 28 YEARS	CITY	STATE	ZIP	FROM	TO
PREVIOUS ADDRESS FOR THE LAST 28 YEARS	CITY	STATE	ZIP	FROM	TO
PREVIOUS ADDRESS FOR THE LAST 28 YEARS	CITY	STATE	ZIP	FROM	TO

See reverse for additional space for recording separate previous addresses

MEMBERS OF PROSPECTIVE ADOPTIVE PARENT(S) HOUSEHOLD

LAST NAME AND MAIDEN/ALIAS	FIRST NAME	MI	SEX <input type="checkbox"/> M <input type="checkbox"/> F	DATE OF BIRTH
LAST NAME	FIRST NAME	MI	SEX <input type="checkbox"/> M <input type="checkbox"/> F	DATE OF BIRTH
LAST NAME	FIRST NAME	MI	SEX <input type="checkbox"/> M <input type="checkbox"/> F	DATE OF BIRTH
LAST NAME	FIRST NAME	MI	SEX <input type="checkbox"/> M <input type="checkbox"/> F	DATE OF BIRTH
LAST NAME	FIRST NAME	MI	SEX <input type="checkbox"/> M <input type="checkbox"/> F	DATE OF BIRTH

See reverse for additional space for recording separate previous addresses

I (we) understand that the information I (we) have provided to this court will be used to inquire of the New York State Office of Children and Family Services whether I (we) am (are) named in a pending or indicated child abuse or maltreatment report(s) on file with the SCR and to provide relevant information to the court.

I (we) affirm that all the information provided on this form is true. I (we) understand that if I (we) knowingly give false statements such action could be grounds for dismissal of my adoption petition and for opening, vacating or setting aside any order of adoption arising from such petition.

“NOTIFICATION TO PROSPECTIVE ADOPTIVE PARENTS OF THE SECTION 422.4(A)(p) PROCEDURE”

I (we) understand that if I (we) am (are) named in a pending or indicated child abuse or maltreatment report(s) on file with the SCR then all information contained in my (our) SCR record concerning such pending or indicated reports will be provided by the court to the disinterested person conducting the court ordered private placement adoption investigation, with the exception of the name(s) or identifying description(s) of the person(s) who reported the suspected child abuse or maltreatment unless written permission for release of identity has been authorized by such reporting person(s).

I (we) further understand that the results of the inquiry will be considered by the court pursuant to Section 116 of the Domestic Relations Law as one of the factors which may bear upon the outcome of my (our) adoption application.

This form is not an application for adoption. It is to be used solely for the purposes described in Section 422.4(A)(p) of the Social Services Law. I (we) understand that the purpose of collecting the demographic data on other persons in my (our) household is to enable the New York State Office of Children and Family Services to identify with the greatest degree of certainty whether or not I (we) am (are) named in a child abuse or maltreatment report(s). The utilization of this information in a discriminatory manner is contrary to the Human Rights Law.

**A disinterested person as defined in Section 116(5) of the Domestic Relations Law includes the probation service of the Family Court, a licensed master social worker, licensed clinical social worker, or an authorized agency specifically designated by the court to conduct pre-placement investigations.

COURT INSTRUCTIONS

RESOURCE ID #: Record your Resource ID # as appropriate. If you need assistance, email: ocfs.sm.conn_app@ocfs.state.ny.us

DOCKET/FILE #: Record your Court Docket File # as appropriate.

AGENCY LIAISON: Record name of Adoption Liaison or Disinterested Person**.

Adoption forms are to be sent to: **The New York Statewide Central Register
Of Child Abuse and Maltreatment
P.O. Box 4480, Attn: Service Center Unit
Albany, N.Y. 12204-0480**

ADDITIONAL ADDRESSES

LAST NAME		FIRST NAME				M.I.
PREVIOUS STREET ADDRESS	CITY	STATE	ZIP	FROM	TO	
LAST NAME		FIRST NAME				M.I.
PREVIOUS STREET ADDRESS	CITY	STATE	ZIP	FROM	TO	
LAST NAME		FIRST NAME				M.I.
PREVIOUS STREET ADDRESS	CITY	STATE	ZIP	FROM	TO	
LAST NAME		FIRST NAME				M.I.
PREVIOUS STREET ADDRESS	CITY	STATE	ZIP	FROM	TO	
LAST NAME		FIRST NAME				M.I.
PREVIOUS STREET ADDRESS	CITY	STATE	ZIP	FROM	TO	
LAST NAME		FIRST NAME				M.I.
PREVIOUS STREET ADDRESS	CITY	STATE	ZIP	FROM	TO	
LAST NAME		FIRST NAME				M.I.
PREVIOUS STREET ADDRESS	CITY	STATE	ZIP	FROM	TO	
LAST NAME		FIRST NAME				M.I.
PREVIOUS STREET ADDRESS	CITY	STATE	ZIP	FROM	TO	

TO ORDER MORE FORMS:

Please access the **Request for Forms and Publications** form, (OCFS-4627) from the Internet: http://www.ocfs.state.ny.us/main/forms/management_services/

Mail your completed **Request for Forms and Publications**, (OCFS-4627) to the **Office of Children and Family Services, Forms Management Unit, Resource Distribution Center, 11, 4th Ave, Rensselaer, NY 12144-2629**. If you have difficulty accessing the form from the web-site, you can call **The Forms Hot Line at: 518-473-0971**.