

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
INQUIRY CONCERNING VISITATION
STATEWIDE CENTRAL REGISTER DATABASE FORM

SCR USE: BATCH#

RESOURCE ID #:	AGENCY LIAISON	AREA CODE/PHONE # () -
DOCKET FILE #	AGENCY NAME AND ADDRESS	ZIP CODE

Chapter 457 Section 1082 of the Family Court Act requires that an inquiry be made by the Local Social Services Department to the Statewide Central Register of Child Abuse and Maltreatment to determine whether a non-custodial parent or grandparent requesting visitation rights to a foster child is the subject of an indicated report of Child Abuse or Maltreatment.

CHILD IN FOSTER CARE

LAST NAME:	FIRST NAME	MI	SEX <input type="checkbox"/> M <input type="checkbox"/> F	DATE OF BIRTH	
ALIAS NAME(S):					
CURRENT ADDRESS: (STREET)	CITY	STATE	ZIP	FROM	TO
PRIOR ADDRESS(ES) FROM BIRTH:	CITY	STATE	ZIP	FROM	TO
	CITY	STATE	ZIP	FROM	TO
	CITY	STATE	ZIP	FROM	TO

(See Reverse for Additional Space)

PARENTS AND SIBLINGS OF CHILD IN FOSTER CARE

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

NON-CUSTODIAL PARENT/GRANDPARENT(S)

LAST NAME	FIRST NAME	MI	SEX <input type="checkbox"/> M <input type="checkbox"/> F	DATE OF BIRTH	
ALIAS/MAIDEN NAME(S)	FIRST NAME				
CURRENT ADDRESS: (STREET)	CITY	STATE	ZIP	FROM	TO
PRIOR ADDRESS(ES) FOR THE LAST 28 YEARS:	CITY	STATE	ZIP	FROM	TO
STREET	CITY	STATE	ZIP	FROM	TO
STREET	CITY	STATE	ZIP	FROM	TO
LAST NAME:	FIRST NAME	MI	SEX <input type="checkbox"/> M <input type="checkbox"/> F	DATE OF BIRTH	
ALIAS /MAIDEN NAME(S):					
CURRENT ADDRESS: (STREET)	CITY	STATE	ZIP	FROM	TO
PRIOR ADDRESS(ES) FOR THE LAST 28 YEARS:	CITY	STATE	ZIP	FROM	TO
STREET	CITY	STATE	ZIP	FROM	TO
STREET	CITY	STATE	ZIP	FROM	TO

(See Reverse for Additional Space)

MEMBERS OF NON-CUSTODIAL PARENT/ GRANDPAREN(S) HOUSEHOLD

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

The purpose of collecting the demographic data on the other persons in the petitioner's household who are not screened pursuant to chapter 457 Section 1082 of the Family Court Act, is to enable the New York State Office of Children and Family Services to identify with the greatest degree of certainty whether or not the person(s) being cleared is the subject of in an indicated child abuse or maltreatment report.

AGENCY CODE: Record your Agency Code as appropriate.

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

AGENCY LIAISON: Record name of Agency Liaison.

Inquiry concerning Visitation/Statewide Central Register form should 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.	:
STREET:	CITY:	STATE:	ZIP:
LAST NAME:	FIRST NAME;	M.I.	:
STREET:	CITY:	STATE:	ZIP:
LAST NAME:	FIRST NAME;	M.I.	:
STREET:	CITY:	STATE:	ZIP:
LAST NAME:	FIRST NAME;	M.I.	:
STREET:	CITY:	STATE:	ZIP:
LAST NAME:	FIRST NAME;	M.I.	:
STREET:	CITY:	STATE:	ZIP:
LAST NAME:	FIRST NAME;	M.I.	:
STREET:	CITY:	STATE:	ZIP:

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http://www.ocfs.state.ny.us/main/forms/management_services/

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