



**Children and Family Services Child Welfare (CPS) Records Request**

500 County Center, 2<sup>nd</sup> Floor  
Redwood City, CA 94063  
650-802-7500 T  
650-631-5771 F  
[hsa.smcgov.org](http://hsa.smcgov.org)

**Name of Requester:**

**Address:**

**Telephone Number:**

**E-mail Address:**

**Name of Mother:**

**Name of Minor(s):**

**Date(s) of Birth:**

<b>Documents requested (please be as specific as possible):</b>	<b>Timeframe of records requested (please be as specific as possible):</b>
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**Information for Clients calling to make a Records Request**

- Clients must submit copies of their child(ren)'s birth certificate(s) or court documents that establish their parentage **with their records request**. If the birth certificate(s) or court documents are **not submitted with the request, it will be rejected**, and they will need to complete a new records request.
- Completed records requests with supporting documents such as birth certificates and/or court documents can be emailed to [HSA\\_CFS\\_RedactRequest@smcgov.org](mailto:HSA_CFS_RedactRequest@smcgov.org) or brought in person to 1 Davis Drive, Belmont, CA 94002.
- Copies are \$0.10 per page
- Clients will receive a telephone call when their request is completed and ready to be picked up. **San Mateo County Records Team is unable to provide an estimate of when their request will be completed due to the high number of requests. Record requests will not be expedited due to court hearings, immigration hearings, or custody mediation meetings.** All requests are important, and many clients are waiting for their requests.
- When clients receive a call that their records are ready to be picked up, they must bring a picture ID to pick them up. **They cannot send another person, not even their attorney, to pick up records on their behalf.**

**Requestor Statement:**

I, \_\_\_\_\_, do hereby declare that I am a person described in Welfare and Institutions Code §827 and/or §827.10 to wit:

A) Person entitled to ***inspect and receive copies*** of juvenile case file (select appropriate box):

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|--|---|
| <input type="checkbox"/> 1. Juvenile court personnel (including Court Appointed Special Advocate).   | <input type="checkbox"/> 2. The district attorney, a city attorney, or city prosecutor authorized to prosecute criminal or juvenile cases under state law.  |
| <input type="checkbox"/> 3. The minor who is the subject of the proceeding.  | <input type="checkbox"/> 4. The minor's parent or guardian.   |
| <input type="checkbox"/> 5. The attorneys for the parties, judges, referees, other hearing officers, probation officers, and law enforcement officers who are actively participating in criminal or juvenile proceedings involving the minor.  | <input type="checkbox"/> 6. The attorney representing the petitioning agency in a dependency action.  |
| <input type="checkbox"/> 7. Members of the child protective agencies.  | <input type="checkbox"/> 8. A State Department of Social Services employee engaged in the oversight and monitoring of county child welfare agencies, children in foster care or receiving foster care assistance, and/or out-of-state placements.                   |
| <input type="checkbox"/> 9. A State Department of Social Services employee or authorized staff, engaged in the inspection, approval or licensing, monitoring or investigation of community care facilities or resource families.   | <input type="checkbox"/> 10. The Department of Justice, to carry out its duties pursuant to Sections 290.008 and 290.08 of the Penal Code as the repository for sex offender registration and notification in California.   |
| <input type="checkbox"/> 11. The attorneys in an administrative hearing involving the minor or nonminor dependent.   | <input type="checkbox"/> 12. Personnel of the State Department of Social Services, to carry out the duties of the department pursuant to paragraph (1) of subdivision (c) of Section 9100 of the Family Code or paragraph (3) of subdivision (e) of Section 366.26. |
| <input type="checkbox"/> 13. Personnel of the Office of Youth and Community Restoration.   | <input type="checkbox"/> 14. A judge, commissioner, or other hearing officer assigned to a family law or probate guardianship case.   |
| <input type="checkbox"/> 15. An attorney for a party to the family law or probate guardianship case involving custody or visitation.   | <input type="checkbox"/> 16. A family court mediator assigned to a case involving the minor.  |
| <input type="checkbox"/> 17. A court-appointed investigator, evaluator, or a person conducting a court-connected child custody evaluation, investigation, or assessment.   | <input type="checkbox"/> 18. Counsel appointed for the minor in the family law case pursuant to Section 3150 of the Family Code.  |
| <input type="checkbox"/> 19. A person from an Indian tribe, reservation, or tribal court serving in a similar capacity as those described in Section A, numbers 1, 5, 6, 7, and 14 in a case involving a minor who is a member of, or who is eligible for membership in, that tribe. |   |

B) A person entitled to ***only inspect*** (no copies) juvenile case files (select appropriate box):

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|---|---|
| <input type="checkbox"/> 1. The superintendent or designee of the school district where the minor is enrolled or attending school.  | <input type="checkbox"/> 2. Members of children’s multidisciplinary teams, persons, or agencies providing treatment or supervision of the minor.  |
| <input type="checkbox"/> 3. When acting within the scope of investigative duties of an active case, a statutorily authorized or court-appointed investigator who is conducting an investigation, or who is actively participating in a guardianship case involving a minor. | <input type="checkbox"/> 4. A local child support agency for the purpose of establishing paternity and establishing and enforcing child support orders.   |
| <input type="checkbox"/> 5. Juvenile justice commissions as established under Section 225.  | <input type="checkbox"/> 6. A person from an Indian tribe, reservation, or tribal court serving in a similar capacity as those described in Section B, numbers 2-4, in a case involving a minor who is a member of, or who is eligible for membership in, that tribe. |

I, \_\_\_\_\_, further declare:

- I will not share or attach any portion of the records released to me or information relating to their contents, other than as provided by law or under order of the Presiding Judge of the San Mateo County Juvenile Court.
- That the above is true and correct.

**Important Information:**

A photo ID, proof of representation, and/or court order is required to pick up completed document request depending on the qualifying category of the requestor.  
 Fee is 10 cents per page. Current or former foster youth and non-minor dependent requestors under 26 years old do not pay fees.

Print Name	Signature	Date
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*Submit this document by any of the methods below (please keep a copy for your records):*

<b>Email (preferred method):</b> <a href="mailto:HSA_CFS_RedactRequests@smcgov.org">HSA_CFS_RedactRequests@smcgov.org</a> Attach copy of valid photo ID and other proof as needed with completed form as attachments to the email	<b>Mail:</b> (certified mail fees apply if service is requested) 1 Davis Drive Belmont, CA 94002 Attn: Redaction Desk Include a copy of valid photo ID and other proof as needed.	<b>Drop off in person:</b> 1 Davis Drive Belmont, CA 94002 Attn: Redaction Desk Bring valid photo ID and other proof as needed.
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**OFFICE USE ONLY**

Case Number: \_\_\_\_\_

Date Redaction Completed: \_\_\_\_\_ By: \_\_\_\_\_

**ATTEMPTS TO CONTACT REQUESTOR:**

Date: \_\_\_\_\_  Contact made  Left V/M Initials \_\_\_\_\_

Date: \_\_\_\_\_  Contact made  Left V/M Initials \_\_\_\_\_

Date: \_\_\_\_\_  Contact made  Left V/M Initials \_\_\_\_\_

**AT TIME OF PICK-UP:**

ID Verified

D/L #

Exp.:

Student/Military ID:

Other:

**ACKNOWLEDGEMENT OF RECEIPT OF MATERIALS**

I \_\_\_\_\_ hereby acknowledge receipt of the materials indicated above on *(date)*:

\_\_\_\_\_ I further acknowledge receipt of a Confidentiality Notice regarding this material.

\_\_\_\_\_  
Requestor's Signature/Date

Fee paid: \_\_\_\_\_

Received by/Date: \_\_\_\_\_