



John R. Kasich, Governor
Cynthia C. Dungey, Director

ATTORNEY INSTRUCTIONS TO REQUEST SEARCHES OF OHIO SACWIS

Thank you for your request for searches of Ohio's Statewide Automated Child Welfare Information System (SACWIS).

As a legal representative, you are able to request SACWIS searches on behalf of your client. Your request must be accompanied by a release of information signed by the subject of the request and authorizing you to receive the results of a SACWIS search for the specified individual. If the release of information authorization exceeds the scope identified above (i.e., the results of a search of Ohio's Statewide Automated Child Welfare Information System), it will not be processed by this office and will take considerably longer for a response to be provided.

Please see the attached for additional requirements to request and receive child abuse and neglect report information from SACWIS.

If there are any questions, please contact Janice Blue at Janice.Blue@jfs.ohio.gov or telephone 614-752-1298.

Sincerely,

OFFICE OF FAMILIES AND CHILDREN

DT/bp

Attachment:



John R. Kasich, Governor
Cynthia C. Dungey, Director

OHIO'S STATEWIDE CHILD WELFARE INFORMATION SYSTEM (SACWIS) INSTRUCTIONS FOR A LEGAL REPRESENTATIVE TO REQUEST A SACWIS SEARCH ON BEHALF A CLIENT

The following information must be provided for each subject of a SACWIS search request:

- A release of information signed by the subject of the request authorizing the legal representative to receive the results of a search of Ohio SACWIS.
- Full name, including maiden and any other names used.
- Date of birth.
- Social Security Number.
- Current home address
- Current mailing address.
- A copy of the individual's Social Security card and one of the following forms of identification:
 - Driver license.
 - State identification card.
 - Birth certificate.
 - Passport or travel visa.

*In lieu of two copies of identification, a notarized statement containing the individual's name(s), address, date of birth and Social Security Number will be accepted.

This is a mail process. Results will be returned via the US Postal Service unless a pre-paid self-addressed express delivery service envelope is provided. The request must be mailed to:

SACWIS Search Request
Ohio Department of Job and Family Services
Office of Families and Children
PO Box 183204
Columbus OH 43218-3204

The request will be processed in accordance with the current procedures for responding to individual search requests. Specifically, please note the following:

- The original signature of each individual must be on the request and on the release of information. Photocopies, faxes or e-mailed requests are not accepted.
- Searches are processed on a first-come, first-served basis in order of date received.
- If a search for the client's name has been processed by this office within one year, the legal representative will be provided with a copy of the results from the search that was previously conducted; a new search will not be processed.

30 East Broad Street
Columbus, Ohio 43215
jfs.ohio.gov

ReREQUEST FOR A SEARCH OF
OHIO'S CENTRAL REGISTRY ON CHILD ABUSE AND NEGLECT

Please conduct a search of the Central Registry on Child Abuse and Neglect for my name. This information will be used for the purposes of (check):

Adoption/Foster Parenting Volunteer Work Employment Other _____

| | |
|--|--|
| Full Name: _____ (Including maiden name, if applicable) | Full Name: _____ (Including maiden name, if applicable) |
| Date of Birth: _____ | Date of Birth: _____ |
| Social Security #: _____ | Social Security #: _____ |
| Signature _____ | Signature _____ |
| Copies of <u>two</u> (check <input checked="" type="checkbox"/> <u>2</u>) forms of identification are attached, one of which contains my Social Security number: <input type="checkbox"/> Driver license <input type="checkbox"/> Social Security card <input type="checkbox"/> Birth Certificate <input type="checkbox"/> United States Visa | Copies of <u>two</u> (check <input checked="" type="checkbox"/> <u>2</u>) forms of identification are attached, one of which contains my Social Security number: <input type="checkbox"/> Driver license <input type="checkbox"/> Social Security card <input type="checkbox"/> Birth Certificate <input type="checkbox"/> United States Visa |

INSTEAD OF PROVIDING TWO FORMS OF IDENTIFICATION, THIS FORM MAY BE NOTARIZED.
 This request is notarized in lieu of submitting two forms of identification.

MAILING ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____

HOME ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____

Subscribed and affirmed before me according to law this _____ day of _____, 20____
at _____, County of _____ and State of _____
(City)

Notary

Mail request to **Central Registry; Bureau of Protection Services, PO Box 182709, Columbus, OH, 43218-2709**. The street address is 50 West Town Street, 6th floor, Columbus, OH, 43215. Questions about the Central Registry may be directed to 614-752-1298 or e-mail Barbara Parker at barbara.parker@jfs.ohio.gov or Robin Miller at robin.miller@jfs.ohio.gov.