

**CALIFORNIA DEPARTMENT OF JUSTICE - CHILD ABUSE CENTRAL INDEX SELF INQUIRY SEARCH REQUEST**

P. O. Box 903387, Sacramento, CA 94203-3870

**California Penal Code section 11170(e):**

(1) Any person may determine if he or she is listed in the Child Abuse Central Index by making a request in writing to the Department of Justice. The request shall be notarized and include the person's name, address, date of birth, and either a social security number or a California Identification number. Upon receipt of a notarized request, the Department of Justice shall make available to the requesting person information identifying the date of the report and the submitting agency. The requesting person is responsible for obtaining the investigative report from the submitting agency pursuant to paragraph (11) of subdivision (b) of Section 11167.5.

(2) No person or agency shall require or request another person to furnish a copy of the record concerning himself or herself, or notification that a record concerning himself or herself exists or does not exist, pursuant to paragraph (1) of this subdivision.

Under the authority of Penal Code section 11170(e) I request the California Department of Justice search my name in the Child Abuse Central Index and respond back with the name of, and the date that, any agency submitted a Child Abuse Summary Report, noting me as a suspect or victim, that is included in the Child Abuse Central Index. Additionally, I request to be provided with the name of any agency that was notified of my inclusion in the Child Abuse Central Index. I understand that I will be provided with a copy of the information maintained in the Child Abuse Central Index and if I wish to examine the actual investigative report, I must contact the submitting agency.

**Name:**

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First Middle Last

**Previous Name (Maiden Name, Alias, Also Known As - AKA):**

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First Middle Last

**Address:**

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Street Number Street Name or Post Office Box Number

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City County State Zip Code

**Date of Birth:**

**Driver's License or Identification Card Number:**

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Month Day Year

\_\_\_\_\_

**Social Security Number:**

**SIGNATURE - IN PRESENCE OF NOTARY:**

**Date:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

State of California County of: \_\_\_\_\_

On \_\_\_\_\_ before me \_\_\_\_\_  
(Date) (Name and Title of Notary Public)

personally appeared \_\_\_\_\_ personally known to me or proved to  
(Name of Signer)

me on the basis of satisfactory evidence to be the person whose name is subscribed in this document and acknowledged to me that he/she executed the same in his/her authorized capacity and that by his/her signature on the document the person executed this document.

Witness my hand and official seal.

Signature of Notary

Seal of Notary