



New Mexico Children Youth & Families Department
Protective Services / Foster Care & Adoptions Bureau / CRC Unit
Child Abuse & Neglect Check for Court Appointed Special Advocate (CASA) Volunteer

**** Form shall be typed. Form will be rejected if information is missing.**

We need original signed and notarized form mailed into our office. **

I hereby authorize the NM Children Youth & Families Department (CYFD) to check for allegations of child abuse and neglect made against my name(s). I understand that the check will be used in consideration of my suitability to be a CASA Volunteer. I release the NMCYFD from liability and other wise hold CYFD harmless. The Department has my permission to provide the results to:

* Agency Name	E-mail	Ph#
* Mailing Address	* City	* State * Zip

APPLICANT INFORMATION

List your birth / legal name and every married name(s), hyphenated name(s), nick name(s), or variation of a name you have ever used.

Form will be rejected if fields are left blank.

* First Name	* Middle Name <small>No initials. If none then NMN</small>	* Last Name
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* Aliases, AKA's, Madien Name, Nickname, Sr. Jr., etc. If none then N/A. Do not leave blank.

* Social Security Number 9 digits

* Date of Birth mm/dd/yyyy

* Physical Address	* City	State	Zip Code
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* Place of Birth <small>City, State</small>	Phone Number
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Current Spouse / Significant Other: List the full name, DOB and SSN. **If none please indicate N/A in the name field.**

* Full Name	* DOB <small>mm/dd/yyyy</small>	* SSN
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Previous Spouse / Significant Other: List the full name, DOB (if known) and SSN (if known). **If none please indicate N/A in the name field.**

* Full Name	DOB <small>mm/dd/yyyy</small>	SSN
Full Name	DOB <small>mm/dd/yyyy</small>	SSN

Please list the full name(s) of any birth, adoptive, foster, step or other children who have lived in your home. **Should you need additional space please add a separate piece of paper with the requested information below. Please have applicant sign and date additional page(s).** If none please indicate N/A in the first name field only.

* Full Name	* DOB <small>mm/dd/yyyy</small>
Full Name	DOB <small>mm/dd/yyyy</small>
Full Name	DOB <small>mm/dd/yyyy</small>
Full Name	DOB <small>mm/dd/yyyy</small>
Full Name	DOB <small>mm/dd/yyyy</small>

Please list all previous street addresses where you have lived at any time during the past 5 yrs. **Please include New Mexico address(s). Should you need additional space please add a separate piece of paper with the requested information below. Please have applicant sign and date additional page(s).**

* Street Address	* City, State	* Yr(s) resided
Street Address	City, State	Yr(s) resided

Under penalty of perjury, I certify that the above statements to be true and complete to the best of my knowledge.

Applicant Signature

Date

Subscribed and sworn before me this _____ day of _____ 20____

Notary Public Signature and (SEAL)

My Commission Expires: