



## FACSIMILE INQUIRY FOR CHILD ABUSE CENTRAL INDEX (CACI) SEARCH

**FACSIMILE NUMBERS: (916) 227-5054 OR (916) 227-3253  
FOR TEMPORARY PLACEMENTS OCCURRING AFTER HOURS, HOLIDAYS & WEEKENDS ONLY: (916) 456-0351**

**1. AGENCY/INVESTIGATOR INFORMATION (ALL INFORMATION IS MANDATORY)**

Requester's Name:	Title:	Telephone:
Agency Name (Social Services & Sheriffs include name of county):		
Facsimile Number for CACI Search Results Response:		

**2. PURPOSE AND AUTHORIZATION FOR NAME CHECK (Purpose must be indicated - Use one form per purpose)**

- PLACEMENT OF CHILD IN EMERGENCY SITUATION (Do Not List Minors) per Penal Code section 11170(c)
- CARETAKER FOR WARD OF COURT OR DEPENDENT CHILD (Do Not List Minors) per Penal Code section 11170(b)(7)
- GUARDIANSHIP - MUST INCLUDE FACE SHEET OF PETITION/NOTICE OF HEARING NAMING "SUBJECT" AS POTENTIAL GUARDIAN (Do Not List Minors) per Penal Code section 11170(b)(7)
- INVESTIGATION OF CURRENT ALLEGATION OF CHILD ABUSE per Penal Code section 11170(b)(3)

I am authorized to receive CACI information. I understand that I can not use or rely on any CACI information received as the basis for any decision, but rather, I must obtain the original investigation report from the reporting agency and will draw my own independent conclusions regarding the quality of evidence disclosed and its sufficiency for making a decision in compliance with the provisions of Penal Code section 11170(b)(10)(A). I understand that if this information is obtained for the temporary placement of a child, I am required by Penal Code section 11170(b)(6) and (c) to notify the person whose name was searched that she/he is a suspect in the Child Abuse Central Index.

Requester's Signature: \_\_\_\_\_  
NAME CHECK WILL NOT BE PROCESSED WITHOUT REQUESTER'S SIGNATURE

**3. SUBJECT DESCRIPTION (Complete as much information as possible)**

**DOJ USE ONLY**

PERSONAL DESCRIPTION INFORMATION				RESULTS	RCN
Last	First	Middle		No Match	
Alias (Maiden Name, AKAs)		Date of Birth		Poss Match	
Prior Counties of Residence		SSN	CDL#		
Last	First	Middle		No Match	
Alias (Maiden Name, AKAs)		Date of Birth		Poss Match	
Prior Counties of Residence		SSN	CDL#		
Last	First	Middle		No Match	
Alias (Maiden Name, AKAs)		Date of Birth		Poss Match	
Prior Counties of Residence		SSN	CDL#		
Last	First	Middle		No Match	
Alias (Maiden Name, AKAs)		Date of Birth		Poss Match	
Prior Counties of Residence		SSN	CDL#		

COMMENTS:

<b>FOR CHILD PROTECTION PROGRAM USE ONLY</b>		INITIALS	DATE	TIME
	RECEIVED BY:			
	RESPONSE SENT BY:			