

# Background Investigation Unit (BIU)

Individual Child Abuse and Neglect (Trails) Request



**COLORADO**  
Office of Early Childhood  
Division of Early Care & Learning

## Section A: Person Being Checked (REQUIRED)

Select the reason for your request (only select one):

- Adoption
  Foster Care
  Court Appointed Special Advocate (CASA)
  Employment
  Volunteer

First Name	Middle Name (not initials)	Last Name	Social Security #
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Previous Names Ever Used (e.g., maiden) - List ALL. If none, please write "none."

Date of Birth (MM/DD/YYYY)	Sex (M, F, X)	Race/Ethnicity (White, Black, etc.)	Phone #
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Email Address

**Current Address**

Street Address	City	State	Zip Code
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Have you lived at your current address for 10 years or longer?  
TEN years of residence history (including temporary residence) is required.

Yes  No

**Previous Address**

If you've lived in more places in the past 10 years than the space on this form allows, please provide additional residence history on a separate piece of paper and submit with your request form. Include your move-in and move-out dates.

Street Address	City	State	Zip Code
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Move-In Date (Month, Year)	Move Out Date (Month, Year)
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## Section B: Spouse/Partner/Former Spouse (REQUIRED)

Information about ALL current and previous spouses is required to complete the child abuse/neglect background check. Information for ANY parent of your children is also required and must be entered in the next section.

Are you currently married?  Yes  No

Have you ever been married?  Yes  No

If you answered YES to ANY of the questions above, you must provide information for your current spouse/partner AND each former spouse/partner. If you have more than one person to provide information for, please provide the required information on a separate piece of paper and submit with your request form.

Spouse/Partner/Former Spouse First Name	Spouse/Partner/Former Spouse Middle Name	Spouse/Partner/Former Partner Last Name
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Previous Names Ever Used (including maiden, middle, etc.) - List ALL. If none, please write "none."

**The form MUST be typed. Handwritten forms will be returned.**

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Date of Birth (MM/DD/YYYY)	Sex (M, F, X)	Race/Ethnicity (White, Black, etc.)

## Section C: Child Information (Includes Adult Children) (REQUIRED)

Information for ALL children must be provided below. This includes adult children, adopted children and step children. Information for the other parent of your children is required and must also be entered below.

Do you have any children (including adult children, step children, etc.)?

Yes  No

Have you ever had guardianship of children that are not your own biological children (e.g., foster children)?

Yes  No

Have you ever lived in a home with any children that were not biologically yours (e.g., stepchildren, etc.)?

Yes  No

If you answered **YES** to ANY of the questions above you must enter information about the child and the other parent below.

- Enter the full middle name (an initial is not acceptable). If a child and/or other parent does not have a middle name, enter "NMN" (as in "no middle name") in the middle name column.
- If you have more children than the space below allows for, please provide the required information on a separate piece of paper and submit with your request form.

### C.1. Enter each child's information below. This includes adult children.

#	Child's First Name	Child's Middle Name (not initials)	Child's Last Name	Date of Birth (MM/DD/YYYY)	Sex (M, F, X)
1					
2					
3					
4					

### C.2. Enter information for the other parent of the children listed above. This is the parent that is NOT you.

#	Parent's First Name	Parent's Middle Name (not initials)	Parent's Last Name	Date of Birth (MM/DD/YYYY)	Sex (M, F, X)
1					
2					
3					
4					

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## Section D: Results Letter Release Information (this request generates ONE letter)

Who should the Results Letter be sent to? Results from this request are released to the person/agency listed below. If the individual being checked wants an additional Results Letter, a second request form and fee must be submitted. **Adoption and Foster Care: The Results Letter will only list one marriage partner. Therefore, separate child abuse/neglect background investigation requests and fees are required for each marriage partner.**

Agency/Facility Name (if applicable) National Crime Search, Inc.		Person/Agency/Facility Email Address brittany@nationalcrimesearch.com			
First Name Brittany		Last Name Hoskins			
Street Address or P.O. Box 3452 E. Joyce Blvd.	City Fayetteville	State AR	Zip Code 72703	Phone # 888-527-3282	

## Section E: Authorizations and Acknowledgements

### Signature of Person Being Checked - **REQUIRED**

By signing below, I authorize the Colorado Department of Human Services (CDHS) to complete a search of child abuse and neglect reports. I confirm that the information I provided on this Trails child abuse/neglect background check request form is correct and accurate to the best of my ability. I understand that providing false or misleading information to the Colorado Department of Human Services could result in criminal prosecution. I also authorize the release of the results of the Trails background check to the person/agency/facility listed in the Release section of this form.

Signature (Parent/Guardian signature required if under 18 years of age) ( <b>Do not type</b> )	Date
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