



# REQUEST FOR RELEASE OF COMPLETED REPORTS AND INFORMATION: ASSESSMENT OF ALLEGATIONS OF CHILD ABUSE AND/OR NEGLECT

State Form 53112 (R / 5-25)

DEPARTMENT OF CHILD SERVICES

**INSTRUCTIONS:** Section (A) of this form must be completed by the parent, guardian, custodian, or alleged perpetrator.

1. To request reports in-person, present this completed form and your valid photo identification (ID) to the local department of child services (DCS) office for verification and processing; or
2. To request reports by mail, mail this completed form and a copy of your valid photo ID to the local DCS office address for verification and processing.

Section (B) of this form is to be completed by the local DCS office. A copy of this completed form and the requestor's photo ID should be uploaded to the case management system. See DCS policy [4.25 completing the assessment report](#) for further guidance.

**NOTE: REQUESTS FOR REPORTS ARE NOT ELIGIBLE FOR SAME DAY PROCESSING.**

SECTION A: TO BE COMPLETED BY PARENT, GUARDIAN, CUSTODIAN, OR ALLEGED PERPETRATOR		
Pursuant to IC 31-33-18-2, DCS is permitted to disclose a copy of the approved Assessment of Alleged Child Abuse or Neglect Report (SF 113) (311) or approved Safe Assessment of Alleged Child Abuse or Neglect (SF 57056) (311S), if the assessment is completed through the Safe Assessment Closure Team (SafeACT), to the parent, guardian, or custodian of a child who is the subject of an investigation of child abuse or neglect (CA/N), or to the alleged perpetrator of CA/N.		
Name of requestor (first and last name)		Date of birth of requestor (month, day, year)
Phone number of requestor ( )	<input type="checkbox"/> This request is being made for purposes of pursuing foster parent licensing	
ASSESSMENT INFORMATION		
Date of report (month, day, year)	Assessment number (if known)	
NAME(S) AND DATE(S) OF BIRTH OF CHILD(REN) INVOLVED (IF KNOWN)		
Name (first and last)	Date of birth (month, day, year)	Relationship to child (select one) <input type="checkbox"/> Parent/Guardian/Custodian <input type="checkbox"/> Alleged Perpetrator
Name (first and last)	Date of birth (month, day, year)	Relationship to child (select one) <input type="checkbox"/> Parent/Guardian/Custodian <input type="checkbox"/> Alleged Perpetrator
Name (first and last)	Date of birth (month, day, year)	Relationship to child (select one) <input type="checkbox"/> Parent/Guardian/Custodian <input type="checkbox"/> Alleged Perpetrator
Name (first and last)	Date of birth (month, day, year)	Relationship to child (select one) <input type="checkbox"/> Parent/Guardian/Custodian <input type="checkbox"/> Alleged Perpetrator
Name (first and last)	Date of birth (month, day, year)	Relationship to child (select one) <input type="checkbox"/> Parent/Guardian/Custodian <input type="checkbox"/> Alleged Perpetrator
INSTRUCTIONS FOR DELIVERY		
I understand that a copy of the report is not eligible for same day processing and will be provided to me in the manner that I choose here (select one):		<input type="checkbox"/> In-person pick up by Requestor from local DCS office (preferred method) <input type="checkbox"/> By mail to the address listed on valid photo ID
Signature of requestor		Signature date (month, day, year)
SECTION B: TO BE COMPLETED BY INDIANA DEPARTMENT OF CHILD SERVICES ONLY		
Date request received (month, day, year)	Local DCS office processing request	
I hereby certify that the requestor's identity has been verified using their valid photo ID.		<input type="checkbox"/> Copy of valid photo ID has been obtained to process request
Signature of staff member processing request		Signature date (month, day, year)
Printed name of staff member processing request		
<b>Note:</b> All reports must be processed by DCS for redaction prior to being released to the Requestor.		
Date copy of the report released to the requestor (month, day, year):	Indicate how report was released (select one) <input type="checkbox"/> In-person <input type="checkbox"/> Mailed to address on valid photo ID (street number, city, state, ZIP code):	