CHILD ABUSE CENTRAL INDEX (CACI) SELF INQUIRY REQUEST

DOJ USE ONLY
Document Archive Number

Pursuant to California Penal Code section 11170, subdivision (f)*, any person may request a self inquiry of the CACI from the California Department of Justice (DOJ) based upon the required information below.
There is currently no fee for a self inquiry.

In order to make a self inquiry:
1. Complete this form to the best of your knowledge.
2. Include acknowledgment by an official Notary Public.
3. Mail the completed form to:

California Department of Justice
Bureau of Criminal Identification and Analysis
CACI Response Unit
P.O.Box 903387
Sacramento, CA 94203-3870

*** California Penal Code section 11170, subdivision (f):**
(1) ***Any person may determine if he or she is listed in the CACI 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).***

Applicant Name	Last	First	Middle	
Current Address	Street Address or PO Box		City	
	County	State or Country	ZIP Code	
Personal Information	Date of Birth / Sex	Social Security Number	Driver's License or Identification Number	
Previous Names (Alias, Maiden, & AKA)	Last	First	Middle	
	Last	First	Middle	
	Last	First	Middle	
Previous California Residences	Street Address	City	County	ZIP Code
	Street Address	City	County	ZIP Code
	Street Address	City	County	ZIP Code
	Street Address	City	County	ZIP Code

THE FOLLOWING SECTION, OR SEPARATELY ATTACHED ACKNOWLEDGEMENT, IS TO BE COMPLETED IN THE PRESENCE OF AN OFFICIAL NOTARY ONLY

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

In the State or Country of _____ County of _____ on (Date) _____

before me, (Name and Title of Notary Public) _____,

personally appeared (Applicant Name, Printed) _____,

who proved to 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/they executed the same in his/her/their authorized capacity and that by his/her/their signature on the document the person executed this document.

Applicant Signature _____

Official Seal of Notary (Below)

I certify under penalty of perjury under the laws of the State of California that the foregoing paragraph is true and correct.

Witness my hand and official seal.

Notary Signature _____

CHILD ABUSE CENTRAL INDEX (CACI) SELF INQUIRY REQUEST

Privacy Notice

As Required by Civil Code § 1798.17

Collection and Use of Personal Information. The California Justice Information Services (CJIS) Division in the Department of Justice (DOJ) collects the information requested on this form as authorized by Penal Code section 11170~~, subdivision (f)~~. The CJIS Division uses this information for the purpose**s** of ~~**requesting a self inquiry of**~~**maintaining or disseminating records within** the CACI. In addition, any personal information collected by state agencies is subject to the limitations in the Information Practices Act and state policy. DOJ's general privacy policy is available at: **http://oag.ca.gov/privacy-policy**.

Providing Personal Information. All the personal information requested in the form must be provided.

Access to Your Information. You may review the records maintained by the CJIS Division in DOJ that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Possible Disclosure of Personal Information. In order to ~~**request a self inquiry of**~~**disseminate records within** the CACI, we may need to share the information you give us ~~**with any requesting person identifying the date of the report and the submitting agency who reported the information**~~**.**

The information you provide may ~~**also**~~ be disclosed in the following circumstances:

- With other persons or agencies where necessary to perform their legal duties, and their use of your information is compatible and complies with state law, such as for investigations or for licensing, certification, or regulatory purposes; or

- To another government agency as required by state or federal law.

Contact Information. For questions about this notice or access to your records, you may contact the CACI Response Unit **Analyst** by phone at (916) 210-4092, by email at **caci-inquiry@doj.ca.gov**, or via mail at:

California Department of Justice
Bureau of Criminal Information and Analysis
CACI Response Unit
P.O Box 903387
Sacramento, CA 94203-3870