REQUEST FOR CHILD ABUSE CENTRAL INDEX (CACI) SEARCH

FAX NUMBER: (916) 731-2101 • TELEPHONE NUMBER: (916) 210-4241
FOR TEMPORARY PLACEMENTS OCCURRING AFTER HOURS, HOLIDAYS & WEEKENDS ONLY FAX: (916) 731-2189
****FIELDS MUST BE COMPLETED BY TYPESET****

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

Requester's Name:	Title:	Telephone:
Agency Name:		County:
Fax Number for CACI Search Results Response:	Case # (if applicable):	

2. PURPOSE AND AUTHORIZATION FOR NAME CHECK (Purpose must be indicated – choose only **one** purpose per form):

- ☐ PLACEMENT OF CHILD IN EMERGENCY SITUATION (Do not list minors) per Penal Code section 11170, subdivision (c)
- ☐ CARETAKER FOR WARD OF COURT OR DEPENDENT CHILD (Do not list minors) per Penal Code section 11170, subdivision (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, subdivision (b)(7)
- ☐ INVESTIGATION OF CURRENT ALLEGATION OF CHILD ABUSE per Penal Code section 11170, subdivision (b)(3)

I am authorized to receive CACI information. I understand that I cannot 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, subdivision (b)(11)(A). I understand that if this information is obtained for the temporary placement of a child, I am required by Penal Code section 11170, subdivisions (b)(7) and (c) to notify the person whose name was searched that she/he is a suspect in the CACI.

Requester's Signature (REQUIRED):

3. SUBJECT DESCRIPTION (NAME AND DATE OF BIRTH REQUIRED):

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

COMMENTS:

FOR CHILD PROTECTION PROGRAM USE ONLY		INITIALS	DATE	TIME
	RECEIVED BY			
	RESPONSE SENT BY			

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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