STATE OF CALIFORNIA
BCIA 4084
(rev. 03/09)

Repeal

DEPARTMENT OF JUSTICE

FACSIMILE INQUIRY FOR CHILD ABUSE CENTRAL INDEX (CACI) CHECK

FORM MUST BE TYPEWRITTEN
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#		
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:			