Family & Protective Services,
Formerly TX Dept. Of Protective &
Regulatory Services

Form 4885
April 2006

REQUEST FOR RECORDS OF FAMILY & PROTECTIVE SERVICES

CHECK ONE: ☐ **I want copies of the records described below.** ☐ **I want only the specified document(s).**

NOTE: Videotapes of abuse victims CANNOT be released. They may, however, be REVIEWED by certain individuals.

1. Type of record being requested (check one):

   ☐ Child Protective Services ☐ Adult Protective Services (includes facility and community centers)
   ☐ Child Care Licensing (includes day care, residential child care, and child placing agencies) ☐ Other _____

Is this an abuse or neglect record?	If yes, in what city or county was investigation done?	Name of Last Caseworker (if known)
☐ Yes ☐ No		

2. Give the name of the record and whether you want the entire record or only the portion you specify.

   _____

   _____

3. Records confidential by law can be released only to certain people. Therefore, please give your relationship to the subject of the record. For example: biological or adoptive parent, self (if an adult), alleged perpetrator, attorney (and who you represent), legal guardian*, non-parent managing conservator*, etc.

   _____

   * Provide copy of court order.

   If a biological or adoptive parent, have your parental rights been terminated? ☐ Yes ☐ No

   If yes, give the approximate date of termination: _____

4. Approx. Time period for events in the requested record, if known: _____

5. Is this record needed for a court case? ☐ Yes ☐ No If yes, by what date will you need the records? _____

Your Name	Telephone No. (Inc. A/C)
_____	_____
Address (Street or P.O. Box, City, State, Zip)	
_____	

I understand that I must pay for preparation and copies of these records before I review them or they are released to me, if the cost is **more** than $5.00. I further understand that if the record will cost $100 or more to prepare to copy, I may be required to pay before preparation and copying is begun (see fee schedule below); adoptive parents, adult adoptees, and adult victims of child abuse or neglect are not charged for the first copy of the record. I also understand that once copies of the record are prepared, the record may not be reviewed by me or given to me until payment is made and my identification is verified (identification is by driver's license or other picture identification).

_____ _____
Signature Date

FEE SCHEDULE
(Open Records Requests)

The following Fee Schedule reflects the charges that will be made to retrieve, de-identify, and copy public records requested under the Open Records Act. However, copies of **readily available** public information of 50 pages or less, or material costing $5.00 or less (from this Fee Schedule), will be provided free of charge. Also, adoptive parents, adult adoptees, and adult victims of child abuse or neglect are not charged for the first copy of the record.

ITEM / SERVICE	CHARGE
Standard size Paper Copy (up to 8 ½ X 14)	$ .10 per page
Personnel Charge	$15.00 per hour
Overhead Charge (20% of Personnel Charge)	$3.00 per hour

Please return completed form to:

*****Important Note*** Please type or write legibly**