



REQUEST FROM CHILD CUSTODY EVALUATOR OR ADOPTION EVALUATOR FOR CASE RECORDS

Purpose: If you are a child custody evaluator or adoption evaluator, please use this form to request a copy of a closed investigation from Adult Protective Services (APS), Child Care Licensing (CCL), or Child Protective Services (CPS) in order to conduct a court-ordered child custody evaluation. If the investigation is still open, the assigned caseworker is responsible for providing any information you may need.

Directions: Submit the form electronically to Records@dfps.texas.gov or print and mail it to the Department of Family & Protective Services, Attn: RMG (Y-937), PO Box 149030, Austin, TX 78714-9030. If you have questions about this form or other records-related matters, please send an email to Records@dfps.texas.gov or call 512-929-6764.

WHAT TYPE OF CASE RECORDS ARE YOU REQUESTING FROM DFPS?

| | | |
|----------------------------------------------------------|-----------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Adult Protective Services (APS) | <input type="checkbox"/> Child Care Licensing (CCL) | <input type="checkbox"/> Child Protective Services (CPS) |
|----------------------------------------------------------|-----------------------------------------------------|----------------------------------------------------------|

WHOSE RECORD DO YOU WANT

| | | |
|---------------------------------------------------------------|-----------------------|--------------------------|
| Name and Date of Birth: | DFPS Case and Number: | |
| Names of the primary children or adults involved in the case: | Dates of Birth: | Social Security Numbers: |
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WHO ARE YOU AND HOW CAN WE REACH YOU IF WE HAVE QUESTIONS?

| | | | |
|---------------------------------------|----------------|----------|-----------|
| First Name: | Last Name: | Badge #: | |
| Official Entity: | | | |
| Mailing Address (street or P.O. Box): | City: | State: | Zip Code: |
| Telephone Number (include area code): | Email Address: | | |

HOW WOULD YOU LIKE THE CASE RECORDS DELIVERED?

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|-------------------------------------------------------------------------------------------|
| <input type="checkbox"/> PDF files sent on CD via USPS to mailing address above |
| <input type="checkbox"/> PDF files sent as an encrypted attachment to email address above |



WHEN DO YOU NEED THE RECORDS?

The standard procedure is to provide the electronically maintained case record within 30 business days. Is that sufficient time to receive the records? Yes No; If No, when are records needed?

CAN YOU AFFIRM THE FOLLOWING?

By submitting this form via email or other method, I affirm all of the above information is true and correct to the best of my knowledge and that I am asking DFPS to provide the request record for the purpose of completing a court-ordered child custody evaluation as outlined in the Texas Administrative Code and Texas Family Code.

PRIVACY STATEMENT

DFPS values your privacy. For more information, read our [Privacy and Security Policy](#).