

**CHILDREN AND FAMILY SERVICES RELEASE OF INFORMATION CONSENT FORM**

**SECTION ONE**

1. I, \_\_\_\_\_, DOB \_\_\_\_\_ hereby give my consent
2. I, \_\_\_\_\_, DOB \_\_\_\_\_ hereby give my consent
3. I, \_\_\_\_\_, DOB \_\_\_\_\_ hereby give my consent
4. I, \_\_\_\_\_, DOB \_\_\_\_\_ hereby give my consent

To Probate Investigations Unit of the Superior Court of Contra Costa County, to obtain information from Children and Family Services regarding any records that agency may have pertaining to me.

**SECTION TWO**

1. \_\_\_\_\_  
Signature Date
2. \_\_\_\_\_  
Signature Date
3. \_\_\_\_\_  
Signature Date
4. \_\_\_\_\_  
Signature Date

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**SECTION THREE- TO BE COMPLETED BY THE PROBATE INVESTIGATIONS UNIT:**

Case Name/Proposed Ward(s)/Case Number: \_\_\_\_\_ P \_\_\_\_\_

Report Due Date: \_\_\_\_\_

Assigned Court Investigator Name & Phone #: \_\_\_\_\_

**RECORDS CHECK NEEDED ON PERSON NAMED IN [ ]#1 [ ]#2 [ ]#3 [ ]#4**

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**SECTION FOUR- TO BE COMPLETED BY THE CFS DISCOVERY UNIT per WIC §827.10(a)(5):**

[ ] No History of CPS Referral(s) on person named in [ ]#1 [ ]#2 [ ]#3 [ ]#4

[ ] History of Referral(s) to CPS/No Investigation Conducted on person named in [ ]#1 [ ]#2 [ ]#3 [ ]#4

[ ] History of Referral(s) to CPS/Attached Investigation Narratives on person named in [ ]#1 [ ]#2 [ ]#3 [ ]#4

[ ] Current CPS Referral / Active Open Investigation PERSON NAMED IN [ ]#1 [ ]#2 [ ]#3 [ ]#4

Case Worker: \_\_\_\_\_ Phone: \_\_\_\_\_

Sent by: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION FIVE**

**CHILDREN AND FAMILY SERVICES RELEASE OF INFORMATION CONSENT FORM**

1. Relationship: \_\_\_\_\_ SS#: \_\_\_\_\_ DL#: \_\_\_\_\_
2. Relationship: \_\_\_\_\_ SS#: \_\_\_\_\_ DL#: \_\_\_\_\_
3. Relationship: \_\_\_\_\_ SS#: \_\_\_\_\_ DL#: \_\_\_\_\_
4. Relationship: \_\_\_\_\_ SS#: \_\_\_\_\_ DL#: \_\_\_\_\_