



CHILD ABUSE CENTRAL INDEX SELF INQUIRY REQUEST

Pursuant to California Penal Code section 11170(f)*, any person may request a self inquiry of the Child Abuse Central Index (CACI) from the Department of Justice based upon the required information below. *There is currently no fee for a self inquiry.*

In order to make a self inquiry:

1. Complete this form to the best of your knowledge.
2. Have the form notarized by an official Notary Public.
3. Mail the completed form to: Department of Justice, BCIA - Child Protection Program
P.O.Box 903387, Sacramento, CA 94203-3870

*** California Penal Code section 11170(f):**

(1) Any person may determine if he or she is listed in the Child Abuse Central Index by making a request in writing to the Department of Justice. The request shall be notarized and include the person's name, address, date of birth and either a social security number or a California identification number. Upon receipt of a notarized request, the Department of Justice shall make available to the requesting person information identifying the date of the report and the submitting agency. The requesting person is responsible for obtaining the investigative report from the submitting agency pursuant to paragraph (1) of subdivision (b) of section 11167.5.

(2) No person or agency shall require or request another person to furnish a copy of the record concerning himself or herself, or notification that a record concerning himself or herself exists or does not exist, pursuant to paragraph (1) of this subdivision.

Applicant Name	Last		First	Middle
Current Address	Street Address or PO Box			City
	County		State or Country	ZIP Code
Personal Information	Date of Birth	<input type="radio"/> Male <input type="radio"/> Female	Social Security Number	Driver's License or Identification Number
	Previous Names (Alias, Maiden, & AKA)		First	Middle
Previous California Residences	Street Address	City	County	ZIP Code
	Street Address	City	County	ZIP Code
	Street Address	City	County	ZIP Code

In the State or Country of _____ County of _____ on (Date) _____
before me, (Name and Title of Notary Public) _____,
personally appeared (Applicant Name, Printed) _____,

who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed in this document and acknowledged to me that he/she executed the same in his/her authorized capacity and that by his/her signature on the document the person executed this document.

Official Seal of Notary (Below)

Applicant Signature _____

I certify under penalty of perjury that the foregoing paragraph is true and correct.

Witness my hand and official seal.

Notary Signature _____