

ADMINISTRATIVE OFFICE OF THE COURTS  
RECORDS UNIT  
1001 VANDALAY DRIVE  
FRANKFORT, KENTUCKY 40601  
502-573-1682 or 800-928-6381  
records@kycourts.net



The process to obtain the information contained in CourtNet is as follows:

**Individuals**

Requesting a record on yourself requires a \$20.00 fee (**check or money order**). If you do not receive a response in 30 days contact us at the number listed above.

**Nonprofit/Commercial/Others**

Requesting a record on individuals requires a \$20.00 fee (**check or money order**).

**Fees are paid to the order of the KENTUCKY STATE TREASURER by check or money order ONLY. FAILURE TO COMPLY WITH THESE PROCEDURES WILL RESULT IN THE REQUEST BEING RETURNED UNPROCESSED.** If you suspect information contained on the record is incorrect, or have any questions, please contact the Records Unit at (502) 573-1682 or (800) 928-6381.

PLEASE **PRINT OR TYPE** THE INDIVIDUAL'S INFORMATION **CLEARLY**.

SOCIAL SECURITY NUMBER: \_\_\_\_\_ DLN: \_\_\_\_\_

NAME: \_\_\_\_\_

MAIDEN NAME(S) AND/OR ALIAS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

STREET ADDRESS/P.O. BOX: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

*I understand the information supplied by me must be truthful and falsification with an intent to mislead may result in my prosecution under KRS 523.100. I have provided the basic information necessary to qualify for record processing and exemption of fees - if applicable.*

**\* ALL INFORMATION BELOW IS REQUIRED.**

Individual's Signature

CASA of Madison County

Company

Victoria Bengel

Requestor/Contact Person

Po Box 634

Address

Richmond, KY 40476

City, State, Zip

Date

forthechild@madisoncasa.org

E-mail address

859-624-4794

Telephone Number

Please denote which purpose applies to this request:

☐ Employment

☐ Criminal Investigation

☐ Screening Housing Applicants

☐ Volunteer/Care over Juvenile

☐ Licensing

☒ Other (please explain) CASA of Madison County - Volunteer

COMMONWEALTH OF KENTUCKY  
CABINET FOR HEALTH AND FAMILY SERVICES  
Department for Community Based Services

CENTRAL REGISTRY CHECK

FOR THE FOLLOWING TYPES OF EMPLOYMENT OR VOLUNTEERISM, STATE LAW OR KENTUCKY ADMINISTRATIVE REGULATION AUTHORIZES A CHILD ABUSE/NEGLECT (CAN) CHECK AS A CONDITION OF EMPLOYMENT OR VOLUNTEERISM. PLEASE CHECK THE CATEGORY LISTED BELOW THAT APPLIES TO YOU FOR WHICH THE CHILD ABUSE OR NEGLECT CHECK IS BEING REQUESTED:

- ☐ Child-Placing Agency (Foster/Adoption/Independent Living) Employee or Volunteer (Required by 922 KAR 1:310)
- ☐ Residential Child-Caring Facility Employee or Volunteer (Institution/Group Home/Emergency/Wilderness) (Required by 922 KAR 1:300)
- ☐ Public School Employee, Student Teacher, Contractor, or School-Based Decision-Making Council Member (Required by KRS 160.380)
- ☐ Private, Parochial, or Church School Employee or Student Teacher (Permitted by KRS 160.151)
- ☐ Youth Camp Employee, Contractor, or Volunteer (Required by KRS 194A.380-194A.383)
- ☐ Power of Attorney Regarding the Care and Custody of a Child (Required by KRS 403.352)
- ☐ Supports for Community Living (SCL) Employee (Required by 907 KAR 1:145)

Other (If none of the above categories is applicable, please explain the reason for requesting a child abuse or neglect check, including the statutory or regulatory authority for the request):

CASA of Madison County - Volunteer

PERSONAL INFORMATION REGARDING THE INDIVIDUAL SUBMITTING TO A CHILD ABUSE OR NEGLECT CHECK (Please print and submit identifying information such as a copy of your driver's license, social security card, or birth certificate):

NAME: \_\_\_\_\_  
(first) (middle) (maiden/nickname) (last)

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Date of Initial Hire: \_\_\_\_\_

Present Address: \_\_\_\_\_

Previous Address: \_\_\_\_\_ City State Zip Code

Previous Address: \_\_\_\_\_ City State Zip Code

Previous Address: \_\_\_\_\_ City State Zip Code

Previous Address: \_\_\_\_\_ City State Zip Code

City State Zip Code

Please list your addresses for the last five years. Use another sheet of paper, if necessary.

### CENTRAL REGISTRY CHECK

A check or money order made payable to the "Kentucky State Treasurer" in the amount of ten dollars (\$10.00) must accompany your request to process a Child Abuse or Neglect Check. The Child Abuse or Neglect Check will **NOT** be processed without payment. Mail check or money order and this completed form to:

Cabinet for Health and Family Services  
Department for Community Based Services  
Records Management Section  
275 East Main St., 3E-G  
Frankfort, Kentucky 40621

I hereby authorize the Cabinet for Health and Family Services to complete a Child Abuse or Neglect check and to submit the results of the check to me and, on my behalf, to the employer or agency listed below. I also release the Cabinet for Health and Family Services, its officers, agents, and employees, from any liability or damages resulting from the release of this information.

All the information provided is complete and true to the best of my knowledge. I understand if I give false information or do not report all of the information needed, I may be subject to prosecution for fraud.

Signature of the Individual Submitting to the Child Abuse or Neglect Check \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

The individual authorizing a Child Abuse or Neglect check may submit a CHFS-305, Authorization to Disclose Protected Health Information form, authorizing the Cabinet for Health and Family Services to disclose additional information regarding a finding to the employer or agency listed below should the employer or agency request additional information pursuant to 922 KAR 1:510, Authorization for disclosure of protection and permanency records.

In addition to receiving the results myself, I authorize the Cabinet for Health and Family Services to share the results with the following employer or agency:

NAME OF EMPLOYER/AGENCY: CHASA of Madison County  
ADDRESS: PO Box 634 CITY: Richmond  
STATE: KY ZIP: 40476 PHONE: 859-624-4794

#### RESULTS OF CHILD ABUSE OR NEGLECT CHECK [FOR OFFICIAL USE ONLY]

- ☐ No reportable incident found in accordance with 922 KAR 1:470  
☐ Substantiated child abuse found on the registry Date of substantiated finding: \_\_\_\_\_  
☐ Substantiated child neglect found on the registry Date of substantiated finding: \_\_\_\_\_  
The substantiated abuse or neglect finding relates to sexual abuse, sexual exploitation, a child fatality, near fatality, or involuntary termination of parental rights ☐ Yes ☐ No  
☐ A matter subject to administrative review found in accordance with 922 KAR 1:470

CHECK CONDUCTED ON \_\_\_\_\_ BY \_\_\_\_\_

DPP-156  
(R. 1/18)  
922 KAR 1:470

## AUTHORIZATION FOR BACKGROUND CHECK

I, \_\_\_\_\_, hereby authorize Kentucky CASA Network, Inc. to process a national criminal records, SSN verification check, and sex offender registry check. I understand that the KCN will utilize an outside firm or firms to assist in checking such information, and I specifically authorize such an investigation by information services and outside entities of the organization's choice. I understand that I may withhold my permission and that in such a case, no investigation will be done, and my association with CASA will be concluded.

Driver's License Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Current Address: \_\_\_\_\_  
\_\_\_\_\_

Previous Addresses during the last 7 years if different than current address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Printed Name \_\_\_\_\_

**Authorization for Background Check**  
**Caregiver Misconduct Registry Self – Query**

I hereby authorize CASA of Madison County to complete a self-query on my behalf using the web-based Adult Protective Services Caregiver Misconduct Registry. I release CASA of Madison County its officers, agents, and employees from any liability or damages resulting in the self – query.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_