



Division of Children and Family Services

State of Nebraska
Dave Heineman, Governor

AGENCY REQUEST FOR INFORMATION FROM THE NEBRASKA
ADULT AND CHILD ABUSE AND NEGLECT REGISTER/REGISTRY

The State of Nebraska approved this form, any alteration will invalidate it.

I hereby request information from the Nebraska Adult and Child Abuse and Neglect Registry. I agree to use the requested information to determine whether to hire or retain the individual to provide care, custody, treatment, transportation or supervision of children or vulnerable adults.

Agency Name/ Fax: PONCA TRIBE OF NEBRASKA / FAX: 402-438-0161
Please do not use abbreviations

Address and Phone Number: 1701 E STREET, LINCOLN, NE 68508 / Phone: 402-438-9222

I hereby authorize the Division of Children and Family Services to disclose whether I have an Adult and/or Child Abuse and Neglect Register/Registry record to the above-named agency.

Print Full Legal Name: (applicant) _____

Signature (applicant)

Date

Current Address: _____
(Street/City/State/Zip)

Applicant Date of Birth

Applicant Social Security Number

Other names previously used such as former married names, maiden name and nick names.
Please Print _____

Names and birth dates of your children and children who have lived with you. Please Print.

Any Address at which you have resided during the past 20 years. Please Print.