Central Registry Sealing of Records Request Form

This form is to be used to request a record be sealed from the DCFS Central Registry database.

✓ Only a supervisor may submit this request.
✓ Email your approved request to DCFS-CANS@dcfs.nv.gov
✓ Please be thorough in your request. The more complete your information the more quickly your request may be processed.
✓ Refer to Sealing of Records located in the Central Registry Policy for additional guidance.

☐ Clark County DFS ☐ Washoe County HSA ☐ DCFS Rural Region

Supervisor Name (Print and Sign):

__________________________________________________________________________

Date Phone #

Is this request in response to a court order or hearing officer’s recommendation?
☐ Yes ☐ No

Please provide the name and number of person/case/provider who is requesting their record be sealed:

In a brief description, please enter why this record is to be sealed.
☐ It has reached the time limitations (10 years after the child’s 18th birthday)
☐ It has been appealed and approved for sealing by the child welfare agency.

Additional information:

__________________________________________________________________________

FIELDS BELOW ARE FOR IMS HELP DESK USE ONLY:

Additional notes or instruction to the programmers: (For IMS Help Desk Use Only)

Heat Ticket #: Approved/Denied by:
Date: Date:
☐ Approved ☐ Denied

Date: 10/14/2019