

State of Nevada - Division of Child and Family Services
REQUEST FOR CHILD ABUSE AND NEGLECT CENTRAL REGISTRY
NRS 432.100-130, NRS 432B and NAC 432B.170

Overview:

Substantiated child abuse and neglect information from the Central Registry may be requested under NRS 432.100. This background check confirms whether an individual has been found to have abused or neglected a child. It does not include CPS reports or investigative history.

Submission Instructions:

- Include the subject's full name (AKAs, maiden names and alias), gender/sex, date of birth, and Social Security Number (SSN).
- **Self-Request and Employer/Volunteer Submissions:**
 - The form must be:
 - Signed by an agency representative AND
 - Signed (by applicant) and notarized OR
 - Signed (by applicant) and accompanied by a copy of a Photo ID
- **Child Safety Requests (such as child welfare agencies, or licensed child-placing agencies):**
 - The form must be:
 - Signed by Agency's representative AND
 - Include a copy of your work badge.

Processing:

- Email completed forms to this confidential email: DCFS-CANS@dcfs.nv.gov
- Please allow 15 business days for the processing of your request, if no response after the 15-business day, follow-up by email, DCFS-CANS@dcfs.nv.gov.

To Request CPS History (not included in this request):

Contact the appropriate child welfare agency based on the individual's past residence:

- **Clark County (Las Vegas/Henderson):** (702) 455-6683
- **Washoe County (Reno/Sparks):** (775) 785-8600
- **All other counties:** (775) 684-1930

If the prior location is unknown, submit this form; if records are found, you will be directed to the appropriate agency.

Important Notes:

Incomplete or unreadable forms will be returned and may delay processing. Common reasons include:

1. Illegible or poor-quality copies
2. Missing, incomplete, or unclear information on any part of the form
3. Missing or unclear notary signature or seal
4. Use of correction fluid or tape (e.g., white-out)
5. Resubmission of a previously rejected form without completing a new form
6. Alterations made after notarization
7. Official Letterhead in lieu of a completed form.

There is no fee for this service.

ALL PRIOR VERSIONS OF THE CANS FORM REQUEST ARE OBSOLETE.

Part I: PURPOSE OF SEARCH:
(If this is an individual request, skip "Part I")

Agency	Name of Agency Representative
Agency Address	Representative's Phone Number
Representative's Email	

Agency Representative Signature: _____ Date: _____

A. RELEASE TO AN AGENCY/INDIVIDUAL RELATED TO:

<input type="checkbox"/> Adoption	<input type="checkbox"/> International Adoption	<input type="checkbox"/> CASA	<input type="checkbox"/> Daycare Center
<input type="checkbox"/> Foster/Kinship Care	<input type="checkbox"/> Group/Res. Facility	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Youth Camp
<input type="checkbox"/> Institutional Employee	<input type="checkbox"/> Law Enforcement Agency	<input type="checkbox"/> Child Welfare Agency	<input type="checkbox"/> School Personnel
<input type="checkbox"/> Employment <input type="checkbox"/> Other (Please Specify): _____			

Part II: SEARCH INFORMATION (To be completed in full by individual whose name is being searched)

Last Name	First Name	Middle Name (FULL)	Maiden/Birth Name /Alias

Social Security # (XXX-XX-XXXX) Alien/USCIS - Number Date of Birth Gender

Address:

--	--	--	--

Daytime Telephone Number Email Address

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(Other Adult in Home) Last Name First Name Middle Name (FULL) Date of Birth

Social Security #(xxx-xx-xxxx)	Alien/ USCIS# Number	Date of Birth

Children In the home

Name Any other name(s) used Date of Birth Social Security Number

Consent for Release of Information:

SIGNATURE (If Applicant is under age 18, must be signed by Applicant's parent/guardian & Applicant) **DATE**

SIGNATURE (Applicant's parent/guardian or other adult in the home) **DATE**

PART III: SIGNATURE AND CERTIFICATE OF ACKNOWLEDGEMENT OF INDIVIDUAL BEFORE A NOTARY PUBLIC

(Signature Must be blue ink.)

STATE OF _____) COUNTY _____

OF _____)

This instrument was acknowledged before me on (date) _____ by:

Printed Name of Individual

Notary Public

(Notary Stamp)

**If notarizing: Notary must verify requestor is employee of agency that requestor indicated above (e.g. through Employee Photo ID, business card, etc.)*

***** STOP*****

Review that all sections are complete. Please do not alter this form in any way. Altered forms will not be accepted.

(FOR DCFS CENTRAL OFFICE USE ONLY)

- No Record Found
- Central Registry Record Found:
 - ABUSE and/or NEGLI FCT was substantiated

ABOVE and/or **RECEIVED** was substantiated
*Please be aware that the person(s) in this report may still have the right to appeal these substantiations. Refer to this website for further instructions: [Instruction for Inquiry of Appeal Rights](#)

CPS Record Found (to request additional information please contact):

For more information, or to request additional information, please contact:

- Clark County Department of Family Services (702) 455-6683
- Washoe County Human Services Agency (775) 785-8600
- Division of Child and Family Services (775) 684-1930

FPO Staff:

Print Name/Title

Signature

Date