



DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF CHILD AND FAMILY SERVICES

ADDRESS
CITY, NV ZIP

Telephone (775) XXX-XXXX - Fax (775) XXX-XXXX
dcfs.nv.gov

Instructions: Delete or replace anything in red that is not applicable to your situation including these instructions. Remember to complete the letterhead with your office information. Retain a Copy of this letter for the Case File

DATE:

Name of Requestor:
Street
City, State, Zip

Re: Records Request dated (date received)

Dear Name,

If the information is provided to a Court: This information is being provided in full for an in-camera inspection by the Court pursuant to NRS 432B.290(2)(e). Should the Court determine that all parties should have access to this information, please ensure redaction of Reporting Party prior to dissemination of information.

If the information is being provided to a caregiver/parent/guardian or for a subpoena: This information is being provided redacted pursuant to 432B.290.

The information provided contains the following: (outline what you are providing: e.g. case notes, 2 Nevada Initial Assessments, 3 Reports, 1 Safety Plan, etc.)

Include any other details you believe are necessary to explain the information being provided.

Number of pages: XX

Please let me know if you need further information, I can be reached at PHONE.

Thank you,

Worker Name
Title

Supervisor Name
Title

District Manager Name
Title