NEW YORK STATE OFFICE OF CHILDREN AND FAMILY SERVICES

FAM		
RESOURCE ID #:	COURT LIAISON	AREA CODE/PHONE #
DOCKET FILE #	COURT NAME AND ADDRESS	ZIP CODE

SCR USE: BATCH#

Section 112 of the Domestic Relations I aw as amended by Chapter 164 of the laws of 1991, requires that an inquiry be made of

the New York Statewide Register of Child Abo an indicated child abuse or maltreatment repo	use and I	Maltreatment (SCR) to	determine if the a	doptive	parent(s)	are the s	subject of
Date of Request:	: EII I E	D OUT BY ADOPTIV	/F PARENT(S)				
LAST NAME (father)		FIRST NAME			SEX DATE OF B		OF BIRTH
ALIAS NAME(S)							
CURRENT ADDRESS: STREET	CITY	ST	ATE 2	IP F	FROM TO		
PRIOR ADDRESS(ES) (STREET) FOR THE LAST 28 YEARS		CITY	ST	ATE Z	ZIP FROM		то
		CITY	ST	ATE Z	IP F	ROM	то
	CITY	ST	ATE Z	ZIP FROM		то	
	CITY	ST	ATE Z	ZIP FROM		ТО	
	CITY	ST	ATE Z	ZIP FROM		то	
		CITY	ST	ATE Z	IP F	ROM	то
LAST NAME (mother)	FIRST NAME	MI		SEX DATE OF BIRTH			
ALIAS NAME(S)					· • • • • • • • • • • • • • • • • • • •		
CURRENT ADDRESS: STREET	CITY	ST	ATE Z	ZIP F	ROM	ТО	
PRIOR ADDRESS(ES) (STREET) FOR THE LAST 28 YE.	CITY	ST	ATE 2	ZIP F	ROM	то	
	CITY	ST	ATE Z	ZIP F	ROM	то	
	CITY	ST	ATE 2	ZIP F	ROM	то	
	CITY	ST	ATE 2	ZIP F	ROM	то	
	CITY	ST	ATE 2	ŽIP F	ROM	то	
	CITY	ST.	ATE Z	IP F	ROM	то	
MEMBER	RS OF A	DOPTIVE PARENT	(S) HOUSEHOL	LD			
LAST NAME & MAIDEN/ALIAS	NAME	MI		SEX	DATE OF BIRTH		
LAST NAME & MAIDEN/ALIAS	FIRST	NAME	MI		SEX		
LAST NAME & MAIDEN/ALIAS			MI		SEX	DATE OF	
LAST NAME & MAIDEN/ALIAS		ST NAME			SEX	DATE OF	
LAST NAME & MAIDEN/ALIAS		NAME				DATE OF BIRTH	
		NAME	MI		SEX	DATE OF BIRTH	
LAST NAME & MAIDEN/ALIAS FIRST		NAME	MI		SEX	DATE OF	BIK I TI

COURT INSTRUCTIONS

RESOURCE ID#

Record your Resource ID # as appropriate. If you need assistance, email:

ocfs.sm.conn app@ocfs.state.ny.us

DOCKET/FILE #:

Record your Court Docket File # as appropriate.

COURT LIAISON:

Record name of Court Liaison.

DATE OF REQUEST:

Record the Court processing date.

Order of Adoption Family Court/Surrogate Court forms are to be sent to:

The New York Statewide Central Register

Of Child Abuse and Maltreatment

P.O. Box 4480, Attn: Service Center Unit

Albany, N.Y. 12204-0480

TO ORDER MORE FORMS:

Please access the Request for Forms and Publications form, (OCFS-4627) from the Internet: http://www.ocfs.state.ny.us/main/forms/management_services/

Mail your completed Request for Forms and Publications, (OCFS-4627) to the Office of Children and Family Services, Forms Management Unit, Resource Distribution Center, 11, Fourth Ave, Rensselaer, NY 12144-2629. If you have difficulty accessing the form from the web-site, you can call The Forms Hot Line at: 518-473-0971.