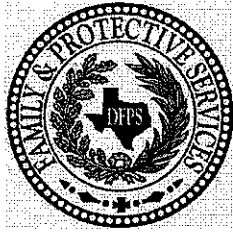


**REQUEST FOR RECORDS
TEXAS DEPARTMENT OF FAMILY AND PROTECTIVE SERVICES**



TEXAS DEPARTMENT OF FAMILY AND PROTECTIVE SERVICES

COMMISSIONER
Carey D. Cockerell

**INFORMATION FOR ATTORNEYS
AND RECORDS RETRIEVAL SERVICES
REGARDING REQUESTS FOR RECORDS**

In order to assist you, we are sending you the forms necessary to process your request for records created and kept in Region 6-TDFPS. Please feel free to make copies of these forms to keep in your files. If records were created and/or stored in another region, it will be necessary for you to contact that region's legal department.

TDFPS records are confidential and can only be released to those who are legally entitled to such records under Texas Administrative Code §700.203.

This office suggests that you have your clients complete and sign the enclosed form 4885 and authorization for release at the same time they sign their contract with you. If your client is not an entitled party, an entitled party must complete the release. Requests will not be processed without the appropriate authorizations.

If you are a court appointed *attorney ad litem* or *guardian ad litem* for the entitled party, we will only need the completed 4885 and a copy of your appointment.

If you have a court date set, please be sure to put that date on the form 4885. Every attempt will be made to meet your court date, but records are not stored in this office; request records well in advance. TDFPS can provide a business records affidavit with the copy of the records if you request one.

There is no need to issue a *subpoena duces tecum* for a record to which your client or the person authorizing its release is entitled. If you are issuing a *subpoena* for the appearance of a "custodian of records", please be advised that the "custodian of records" is the last caseworker assigned to a case. If the caseworker has separated from the agency, the last supervisor assigned to the case is the "custodian of records". Please call this office if you need assistance in determining who that is.

To request Child Protective Services and Adult Protective Services records, the completed form 4885 and release should be sent or faxed to TDFPS Legal Secretary who will then assign the case to be prepared.

TDFPS Legal Secretary-MC 179-3
5425 Polk St.
Houston, TX 77023
FAX # (713) 928-7600

To request Residential Child Care Licensing or Child Care Licensing records, mail your request and the release to either:

Residential Child Care Licensing 2221 W. Loop South Houston, TX 77027	or Child Care Licensing 2221 W. Loop South Houston, TX 77027
---	---

If you have questions, please call our offices at (713) 767-2650.

**REQUEST FOR RECORDS
TEXAS DEPARTMENT OF FAMILY AND PROTECTIVE SERVICES**

**FEE SCHEDULE
(Open Records Requests)**

The following Fee Schedule reflects the charges that will be made to retrieve, de-identify, and copy public records requested under the Open Records Act. However, copies of **readily available** public information of 50 pages or less, or material costing \$5.00 or less (from this Fee Schedule), will be provided free of charge. Also, adoptive parents, adult adoptees, and adult victims of child abuse or neglect are not charged for the first copy of the record.

ITEM / SERVICE	CHARGE
Standard size Paper Copy (up to 8 ½ X 14)	\$.10 per page
Non-standard Size Paper Copy	.50 per page
Diskette	1.00 each
Magnetic Tape	10.00 each
VHS Video Cassette	2.50 each
Audio Cassette	1.00 each
Other Copy	Actual Cost
Personnel Charge	15.00 per hour
Overhead Charge (20% of Personnel Charge)	3.00 per hour
Microfiche / Microfilm (paper copy)	.10 per page
Microfiche / Microfilm	Actual Cost
Remote Document Retrieval	Actual Cost
Computer Resource - Mainframe	Actual Cost
Programming Time	Actual Cost
Postage / Shipping	Actual Cost
FAX: Local	.10 per page
Long Distance - Same Area Code	.50 per page
Long Distance - Other Area Code	1.00 per page
Other	Actual Cost

**REQUEST FOR RECORDS
TEXAS DEPARTMENT OF FAMILY AND PROTECTIVE SERVICES
AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION**

I, _____, hereby authorize the Texas Department of Family and Protective Services to release to any representative of

Henjum Goucher Reporting Services, L.P.
(ATTORNEY, DOCTOR, THERAPIST, SOCIAL WORKER, OR OTHER DESIGNATED PERSON)

any and all information, including but not limited to written records, reports, documents, notes, narratives, medical records that TDFPS has in its possession concerning
(list names and dates of birth)

This authorization will remain valid for a period of _____ days from the date signed.

I understand that any information that would identify any complainant of alleged abuse and/or neglect and any information that is confidential by law or TDFPS policy will be redacted or removed from the material pursuant to this authorization.

I EXPRESSLY WAIVE, RELEASE, AND DISCHARGE TDFPS AND ITS OFFICERS AND EMPLOYEES FROM ANY CAUSE OF ACTION OR CLAIMS ARISING FROM ANY DISCLOSURE OF INFORMATION OR RELEASE OF RECORDS, CONFIDENTIAL OR OTHERWISE, PURSUANT TO THIS AUTHORIZATION.

I have read this authorization fully. I realize its effect, and I am signing it freely and voluntarily.

SIGNATURE

TYPED OR PRINTED NAME

This instrument was signed and acknowledged before me, a Notary Public for the State of Texas, on the _____ day of _____, _____.



SIGNATURE
NOTARY PUBLIC, STATE OF TEXAS

TYPED OR PRINTED NAME
NOTARY PUBLIC, STATE OF TEXAS