

REQUEST FOR A SEARCH OF
OHIO'S STATEWIDE AUTOMATED CHILD WELFARE INFORMATION SYSTEM (SACWIS)

Please conduct a search of the Statewide Automated Child Welfare Information System (SACWIS) for my name. This information will be used for the purposes of (check):

Applicant #1	Applicant #2
PLEASE PRINT	PLEASE PRINT
Full Name: _____ (Including maiden name, if applicable)	Full Name: _____ (Including maiden name, if applicable)
Date of Birth: _____	Date of Birth: _____
Social Security #: _____	Social Security #: _____
Signature _____	Signature _____
A copy of my Social Security card is attached ____.	A copy of my Social Security card is attached ____.
Also attached is one of the following forms of identification (check <input checked="" type="checkbox"/> one) :	Also attached is one of the following forms of identification (check <input checked="" type="checkbox"/> one) :
<input type="checkbox"/> Driver license <input type="checkbox"/> Birth Certificate <input type="checkbox"/> United States Visa	<input type="checkbox"/> Driver license <input type="checkbox"/> Birth Certificate <input type="checkbox"/> United States Visa

INSTEAD OF PROVIDING TWO FORMS OF IDENTIFICATION, THIS FORM MAY BE NOTARIZED.

_____ This request is notarized in lieu of submitting two forms of identification.

HOME ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PREVIOUS ADDRESS IN OHIO _____

CITY _____ STATE _____ ZIP CODE _____

Subscribed and affirmed before me according to law this _____ day of _____, 20____

at _____, County of _____ and State of _____.

(City)

_____ Notary

Mail request to SACWIS Search Request, Bureau of Protection Services, PO Box 183204, Columbus OH, 43218-3204. If using delivery service please, send to 4200 East Fifth Avenue, 2nd floor, Columbus OH 43219. Questions about SACWIS searches may be directed to 614-752-1298 or e-mail janice.blue@jfs.ohio.gov or Lisa Higley, lisa.higley2@jfs.ohio.gov

