



STATE OF WEST VIRGINIA  
 DEPARTMENT OF HEALTH AND HUMAN RESOURCES  
 Bureau for Social Services  
 District  
 Street Address  
 City, WV Zip  
 Telephone: (304) Fax: (304)

Jeffrey H. Coben, MD  
 Interim Cabinet Secretary

Jeffrey M. Pack  
 Commissioner

Date of Request: \_\_\_\_\_

I, \_\_\_\_\_ (DOB: \_\_\_\_\_ SS# \_\_\_\_\_) am requesting the West Virginia Department of Health and Human Resources (DHHR) provide me with a copy of my Child Welfare and/or Adult Protective Services records. In accordance with [W. Va. Code §49-5-101](#) and [W. Va. Code §9-6-8](#), regarding requests for *Child Welfare and Adult Services* records, I am:

- A child requesting my own records;
- An adult client requesting my own records; or
- A parent whose parental rights have not been terminated, requesting my records and/or my child's records;

The case(s) involved my child(ren) or adult victims listed below:

Name of Child or Adult Client	Date of Birth	Social Security Number

My contact information (Include current and past addresses):

Insert Current Address

