



Cumberland County Sheriff's Office



DEPARTMENT OF HEALTH & HUMAN SERVICES RECORDS REQUEST FORM

INSTRUCTIONS

STEP ONE:

If you are seeking a specific individual's general history of convictions, arrests. **DO NOT COMPLETE OR SUBMIT THIS FORM.**

Instead, please contact the State Bureau of Identification ("SBI") at (207) 624-7240, or you may request such information through the following website: <https://www5.informe.org/online/pcr/>

STEP TWO:

If you are seeking police reports that account for investigations of incidents involving a specific individual, please provide the following information:

That individual's full name:	That individual's date of birth (mm/dd/yyyy)

Once this form is completed and submitted to the Cumberland County Sheriff's Office Records Department will search for and – to the extent permitted by law (see 16 M.R.S. §806(1)) – provide to you copies of what police reports the unit has that document any incidents occurring within the past 18 months or specified dates _____ that involved the individual you have specified above.

I am requesting this/these incident(s) investigation report(s) for the following reason(s):

STEP THREE

CERTIFICATION

I, _____, hereby certify –

- (1) That I am employed by a unit of the Maine Department of Health & Human Services responsible for investigating cases of suspected abuse, neglect, or exploitation of children or of incapacitated or dependent adults;
- (2) That the police report(s) I am requesting from the Cumberland County Sheriff's Office are for use in an official investigation of suspected abuse, neglect, or exploitation of one or more children or one or more incapacitated or dependent adults;
- (3) That I am **not** requesting Cumberland County Sheriff's Office reports for the purposes of determining suitability of child placement;
- (4) That I understand that police reports may contain information that was neither corroborated nor substantiated through investigation or in a Court of law.

I have read and understand the terms of this certification. Typed name serves as a signature:

Name: _____

Title: _____

Date: _____

District: _____

