Department of Children's Services

CS-0750: Background Criminal History-Expedited/ Emergency Purpose Code X III Name Check

Revised: 08/2026

Please confirm that you are using the current version of this form and disregard previous versions. This form may not be altered without prior approval.

For Expedited/Emergency Placements

Please Print Clearly.

Date: _____

Requestor Name: _____

Requestor Region: Choose One _____

Requestor Phone Number: _____ **Requestor Email:** _____

Case Manager Name (if different than requestor): _____

The Department of Children's Services is conducting an expedited/emergency placement of a child(ren) under exigent circumstances on the individual(s) named below. The approval of the application requires a criminal history background check prior to the person being approved as a placement for children.

Child/Youth's Information

Child 1 Name: _____

Date of Birth: _____ **Case ID#:** _____

Child 2 Name: _____

Date of Birth: _____ **Case ID#:** _____

Child 3 Name: _____

Date of Birth: _____ **Case ID#:** _____

Child 4 Name: _____

Date of Birth: _____ **Case ID#:** _____

Proposed Placement 1 Information

First Name(s): _____ Middle Name: _____

Current Last Name: _____

Former Last Name: _____

Former Last Name: _____

Alias Used: _____

Date of Birth: _____ Social Security Number: _____

Sex: _____ Race: _____

Address: _____

Phone Number: _____

Proposed Placement 2 Information

First Name(s): _____ Middle Name: _____

Current Last Name: _____

Former Last Name: _____

Former Last Name: _____

Alias Used: _____

Date of Birth: _____ Social Security Number: _____

Sex: _____ Race: _____

Address: _____

Phone Number: _____

Proposed Placement 3 Information

First Name(s): _____ Middle Name: _____

Current Last Name: _____

Former Last Name: _____

Former Last Name: _____

Alias Used: _____

Date of Birth: _____ Social Security Number: _____

Sex: _____ Race: _____

Address: _____

Phone Number: _____

Proposed Placement 4 Information

First Name(s): _____ Middle Name: _____

Current Last Name: _____

Former Last Name: _____

Former Last Name: _____

Alias Used: _____

Date of Birth: _____ Social Security Number: _____

Sex: _____ Race: _____

Address: _____

Phone Number: _____

Response will be returned to the Requestor via the email listed above.

TIES Operator Name: _____

TIES Case Number: _____

TIES Case Closure Date: _____