Mesa County Department of Human Services
Safety • Stability • Meaningful Employment

MESA COUNTY DEPARTMENT OF HUMAN SERVICES

Request to Waive fees for Copies of Child Welfare Records/Reports

I request that fees association with my request for copies of child welfare records/reports be waived by the Mesa County Department of Human Services.

My Information:
Full Legal Name:
Date of Birth: (DD/MM/YYYY)
Social Status: ☐Single ☐ Married/Civil Union ☐ Divorced ☐ Separated ☐ Widowed
Mailing Address:
Phone:
Email:

Does one of the following apply to you?

☐ Yes: (check all that apply)

- ☐ I am seeking these records as a former child in foster care AND these records pertain to my time as a child in foster care.
- ☐ I am enrolled in Aid to the Blind in Colorado
- ☐ I am enrolled in Temporary Aid for Needy Families (TANF)
- ☐ I am enrolled in Old Age Pension—A and B
- ☐ I am enrolled in Supp. Security Income (SSI)
- ☐ I am enrolled in Supp. Nutrition Assistance Program (SNAP)
- ☐ I am enrolled in Aid to the Needy and Disabled (AND)

☐ No, none of the above apply.

Home and Work
Do you own or rent your home? ☐ Own ☐ Rent ☐ Other:

Do you have a job now? ☐ No ☐ Yes

If No, List the date of your last paycheck: (mm/dd/yyyy)

If Yes, what is your estimated gross monthly income?

Household
How many people live in your home? (include yourself)

Name	Age	Relationship to You	Are they financially dependent on you? (Yes or No)

What Not to Include
- Child support, TANF, VA benefits, or food stamps as income.
- Don't include roommates' income.
- Exclude roommates' share of the bills in monthly expenses.

Roommate Exception: If you share bank accounts or comingle funds.

How do you pay your bills if your income is less than your expenses?

Note: You may be asked to provide proof of income before determination of this request.

Verified Signature
I declare under penalty of perjury under the law of Colorado that the foregoing is true and correct.

Print Your Name:

Your Signature:

Lawyer Signature: *(If you are unable to sign this form yourself your lawyer may attest to the above in your stead):*