



**AFFIDAVIT FOR MEDICAL RECORDS
INVESTIGATION OF CHILD ABUSE OR NEGLECT**

I, _____, (name) a _____, (title) in the case/matter of _____, having been duly sworn, depose and state as follows:

1. I am familiar with the facts of the above case.
2. In my official capacity as a law enforcement official, or a representative of the Division of Child and Family Services, I am investigating allegations of child abuse or neglect and, as part of such investigation, I am requesting medical records pursuant to Utah Code §62A-4a-406(3) for the following individual:

Name: _____

SSN: _____ - _____ - _____

3. The medical records I am requesting are pertinent to my investigation of child abuse or neglect.
4. I understand that under federal law, 42 U.S.C. section 290dd-2, substance abuse treatment records cannot be released except as authorized by the patient or pursuant to a court order.

Signature

SUBSCRIBED AND SWORN before me this ____ day of _____, 20__.

NOTARY PUBLIC

Residing in _____

My Commission expires: _____