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| DECLARATION SUBMITTED BY NAME: STREET ADDRESS: CITY, STATE, & ZIP: TELEPHONE NUMBER: E-MAIL ADDRESS: | |
| DEPARTMENT OF CHILD, FAMILY AND ADULT SERVICES ADULT PROTECTIVE SERVICES COUNTY OF SACRAMENTO | |
| STREET ADDRESS: 3331 POWER INN ROAD CITY AND ZIP CODE: SACRAMENTO, CA 95826 | |
| NAME OF CLIENT: DATE OF BIRTH: | |
| DECLARATION FOR ACCESS TO ADULT PROTECTIVE SERVICES (APS) RECORDS IN THE POSSESSION OF DEPARTMENT OF CHILD, FAMILY AND ADULT SERVICES (DCFAS) (Welfare & Institutions Code §§ 15633 & 15633.5) | |

APS records are confidential by law. Only the below identified persons or agencies are permitted, if deemed appropriate by DCFAS to inspect and/or receive copies of APS case information without a Court order.

I, _____, do hereby declare that I am a person described in Welfare and Institutions Code §§ 15633 and/or 15633.5, to wit:

- The elder or dependent adult who is the subject of the APS investigation
- An authorized representative of the subject of the APS investigation
(with signed authorization form)
- Law Enforcement District Attorney Probate Court
- Adult Protective Services Long-term Care Ombudsperson
- Office of the Public Guardian Conservator Department of Social Services
- The Department of Financial Protection and Innovation
- The Department of Consumer Affairs, Division of Investigation
- Counsel representing an Adult Protective Services Agency

If not mentioned in the list above, a Court order may be needed to obtain the requested information.

Briefly explain the purpose of the request: _____

**DECLARATION FOR ACCESS TO ADULT PROTECTIVE SERVICES (APS) RECORDS IN
THE POSSESSION OF DEPARTMENT OF CHILD, FAMILY AND ADULT SERVICES
(DCFAS)**

YOUR NAME: _____

I further declare:

I will not copy, photograph, reproduce, share, or otherwise disseminate or distribute any portion of the confidential APS records, or information obtained therefrom, I have received without first obtaining a Court order authorizing the sharing or distribution of such records or information.

____[initial]

I acknowledge that a violation of the immediately above paragraph may subject me to criminal and/or civil penalties, as set forth in Welfare and Institutions Code section 15633.

____[initial]

I declare under penalty of perjury that the above is true and correct.

Executed this _____ day of ____ 20__ in _____, (city) ____ (state)

PRINT NAME: _____

SIGNATURE: _____

DCFAS Representative Signature _____
(if signing on behalf of client)

If applicable, indicate the following:

State Bar No. (Attorneys): _____

Badge No. (Law Enforcement): _____

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SERVICES (DCFAS)**