

**ALBUQUERQUE POLICE DEPARTMENT
RECORDS DIVISION**

1) Date of request: _____ 2) APD case or CAD # (if known): _____

3) I certify that I am one of the following persons entitled to inspect the records of the Albuquerque Police Department concerning this case (check one):

_____ Party to the neglect or abuse proceeding _____ Legal discovery respondent _____ CASA or Court Personnel

_____ Tribal Government _____ Guardian ad Litem

_____ Law Enforcement _____ District Attorney _____ Other state social services agency

_____ Law Firm or Attorney representing the party to the neglect or abuse or parent, guardian of said party

_____ Foster parent, relative, or fictive kin (limited to records concerning social, medical, psychological, or educational needs of a child who is, or may be, placed with this foster parent, relative, or fictive kin)

_____ Health care or mental health professionals involved in the evaluation or treatment of the child, the child's parents, guardian, or custodian, or other family members

_____ Protection and Advocacy representative pursuant to the federal Developmental Disabilities Assistance and Bill of Rights Act and the Federal Protective and Advocacy for Mentally Ill Individuals Act of 1991

_____ Children's safe house organization conducting investigatory interviews of children on behalf of a law enforcement agency or the Department

_____ Parent, guardian, or legal custodian whose child has been the subject of an investigation of abuse or neglect where no petition has been filed (limited without Court order to medical reports, psychological evaluations, law enforcement reports, and other investigative or diagnostic evaluations)
If checked, name and date of birth of child: _____

_____ Parent in an abuse and neglect proceeding where a CYFD petition for custody has been filed
If checked, name and date of birth of child: _____

4) Name, address and telephone number of person or firm requesting disclosure – Documents shall be provided at time of Notarizing, documents can include but no limited to, Picture ID, Court Documents, Birth Certificate – showing relation to the child.

NOTE: The Albuquerque Police Department Records Division charges \$0.50 per page for copies of public records, to be paid prior to release of documents.

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CERTIFICATE

I, the undersigned REQUESTER, CERTIFY that I am familiar with the statute governing confidentiality of all records concerning protective services records and STATE that I am an individual identified above who is entitled to inspect such records requested. Upon receipt of the records provided, I hereby AGREE not to re-disclose the information described herein to any other person or organization except as otherwise provided by law.

Date signed

Requester Signature

Title/Position

Please Return to:
Albuquerque Police Department
Records Division
400 Roma Ave NW
Albuquerque NM, 87102
Phone: (505) 768-2020

THE INFORMATION DESCRIBED HEREIN IS CONFIDENTIAL AND/OR PRIVILEGED PURSUANT TO NMSA 1978, §32A-4-33. DISCLOSURE OR REDISTRIBUTION IS PROHIBITED AND IS A PETTY MISDEMEANOR THAT MAY RESULT IN INCARCERATION OF NOT MORE THAN SIX MONTHS, A FINE OF NOT MORE THAN \$500.00, OR BOTH

Signature and title of person making disclosure

Date disclosure made

State of _____
County of _____

I certify this is a true and correct copy of a document in the possession of _____
Dated _____.

[Notary Seal] _____

My Commission Expires:

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