



MISSOURI DEPARTMENT OF SOCIAL SERVICES  
DIVISION OF LEGAL SERVICES  
**DMU DOCUMENT REQUEST**

PLEASE PRINT LEGIBLY

DOCUMENT MANAGEMENT UNIT  
PO BOX 1527  
JEFFERSON CITY, MO 65102  
PHONE: (573) 751-1013  
PHONE: (866) 258-9241  
EMAIL: DLS.DMU@DSS.MO.GOV

**TO BE COMPLETED BY REQUESTING PARTY**

I understand there may be fees assessed for processing this document request. These may include research fees, media fees and shipping costs.

I ☐ Accept ☐ Decline Responsibility for possible processing fees incurred related to this document request

Initial

Please provide a copy of your drivers license or photo ID. Failure to provide a copy of your drivers license or photo ID will delay the process

Initial

Please make all business checks (attorneys only), cashier's checks and money orders payable to:

**"DSS Administrative Trust Fund"**

Please select here if you accept to receive E-mail correspondence from the Document Management Unit?

☐ Yes ☐ No

**SECTION I - TO BE COMPLETED BY THIRD PARTY REQUESTOR**

ORGANIZATION/COMPANY/AGENCY	REQUESTOR'S NAME	
ADDRESS (NUMBER AND STREET NAME)	CITY, STATE, ZIP CODE	
E-MAIL ADDRESS	TELEPHONE NUMBER	MO BAR NUMBER
CLIENT'S NAME	CLIENT'S SOCIAL SECURITY NUMBER	CLIENT'S DATE OF BIRTH

**ARE YOU REQUESTING AN AFFIDAVIT BE SENT WITH YOUR RECORDS** ☐ YES ☐ NO

**A SIGNED, HIPAA-COMPLIANT (IF APPLICABLE) RELEASE OF INFORMATION MUST ACCOMPANY THIS REQUEST (CONTINUE TO SECTION II)**

**SECTION 1A - TO BE COMPLETED BY SELF/PARENT**

REQUESTOR'S NAME	TELEPHONE NUMBER
ADDRESS (NUMBER AND STREET NAME)	CITY, STATE, ZIP CODE
E-MAIL ADDRESS	
SOCIAL SECURITY NUMBER	DATE OF BIRTH

**SECTION II - REQUESTOR'S RELATIONSHIP TO THE INDIVIDUAL(S) THEY ARE REQUESTING INFORMATION ABOUT**

<input type="checkbox"/> PARENT OF MINOR CHILD <input type="checkbox"/> SELF <input type="checkbox"/> FOSTER CHILD (FIRST COPY FREE) <input type="checkbox"/> OTHER (PLEASE EXPLAIN) _____ <input type="checkbox"/> GAL (MODIFICATIONS, CUSTODY, DISSOLUTIONS) <b>ATTORNEY FOR PARENT</b> A. <input type="checkbox"/> MATERNAL <input type="checkbox"/> PATERNAL B. <input type="checkbox"/> COURT APPOINTED <input type="checkbox"/> PUBLIC DEFENDER PRIVATE ATTORNEY C. <b>JUVENILE CASE:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO (DISK ONLY)	<input type="checkbox"/> CIRCUIT ATTORNEY/PROSECUTOR <input type="checkbox"/> LAW ENFORCEMENT/JO/DJO <input type="checkbox"/> GAL (IN JUVENILE COURT CASES <b>ONLY</b> ) <input type="checkbox"/> CPS FROM ANOTHER STATE <b>FOSTER PARENT:</b> LICENSURE FILE: FIRST COPY: <input type="checkbox"/> YES <input type="checkbox"/> NO FOSTER CHILD CURRENTLY PLACED IN THEIR FOSTER HOME: FIRST COPY: <input type="checkbox"/> YES <input type="checkbox"/> NO
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**SECTION III - ITEM REQUESTED: (PLEASE DESCRIBE THE INFORMATION YOU ARE REQUESTING AND WHO IT IS REGARDING, AND IF THERE ARE ANY TIME FRAMES RELEVANT TO YOUR REQUEST. YOU MAY USE THE BACK OF THIS SHEET IF NECESSARY.)**

<input type="checkbox"/> THIS IS FOR COURT: _____ DATE: _____ <input type="checkbox"/> THIS IS FOR A GOOD CAUSE WAIVER: PLEASE PROVIDE THE LETTER FROM FAMILY CARE SAFETY REGISTRY <input type="checkbox"/> THIS IS FOR REVIEW BEFORE THE CHILD ABUSE AND NEGLECT REVIEW BOARD DATE OF REVIEW AND INCIDENT/CALL NUMBER _____ IF REQUESTING FOR CA/N RECORDS-SUBMIT FORM TO <a href="mailto:DLS.DMU.CANRB@DSS.MO.GOV">DLS.DMU.CANRB@DSS.MO.GOV</a>	OTHER
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PREFERRED MEDIA AND NUMBER OF COPIES OF EACH REQUESTED \_\_\_\_\_ PHOTOCOPY \_\_\_\_\_ DISC \_\_\_\_\_ EMAIL \_\_\_\_\_ USB

**IF YOU DO NOT SELECT A MEDIA TYPE, YOU WILL AUTOMATICALLY RECEIVE AN EMAIL OR DISC.  
"BOX" IS AN ELECTRONIC SYSTEM USED WHEN RECORD FILES ARE TOO LARGE TO SEND VIA EMAIL.**

**SECTION IV - SIGNATURE REQUIRED**

SIGNATURE	DATE
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