



Division of Children and Family Services

State of Nebraska  
Dave Heineman, Governor

**AGENCY REQUEST FOR INFORMATION FROM THE NEBRASKA  
ADULT AND CHILD ABUSE AND NEGLECT REGISTER/REGISTRY**

**The State of Nebraska approved this form, any alteration will invalidate it.**

I hereby request information from the Nebraska Adult and Child Abuse and Neglect Registry. I agree to use the requested information to determine whether to hire or retain the individual to provide care, custody, treatment, transportation or supervision of children or vulnerable adults.

**Agency Name/ Fax:** Ponca Tribe of Nebraska / Fax: 402-438-0161  
**Please do not use abbreviations**

**Address and Phone Number:** 1701 E Street, Lincoln Ne 68508 / Phone: 402-438-9222

I hereby authorize the Division of Children and Family Services to disclose whether I have an Adult and/or Child Abuse and Neglect Register/Registry record to the above-named agency.

**Print Full Legal Name: (applicant)** \_\_\_\_\_

\_\_\_\_\_  
**Signature (applicant)** **Date**

**Current Address:** \_\_\_\_\_  
**(Street/City/State/Zip)**

\_\_\_\_\_  
**Applicant Date of Birth** **Applicant Social Security Number**

**Other names previously used such as former married names, maiden name and nick names. Please Print.**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Names and birth dates of your children and children who have lived with you. Please Print.**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Any Address at which you have resided during the past 20 years. Please Print.**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_