

STATE OF COLORADO



Colorado Department of Human Services
people who help people

EMPLOYMENT AND REGULATORY AFFAIRS
Gayle Ziska-Stack, Acting Deputy Executive Director

BOARDS AND COMMISSIONS DIVISION
1575 Sherman Street, 1st Floor
Denver, Colorado 80203-1714
Phone 303-866-5990
TDD 303-866-4065
FAX 303-866-5340
www.cdhs.state.co.us

Mary V. McGhee, Director



John W. Hickenlooper
Governor

Reggie Bicha
Executive Director

BACKGROUND INVESTIGATION UNIT INDIVIDUAL INQUIRY FORM

One of the following must be marked in order for BIU to process your request:

Volunteer Employment Adoption Foster Care Other (Explain) _____

Please note: Your signature must be notarized and accompanied by a check or money order for \$33.00 made payable to: CDHS, BIU, Records & Reports. Please send to CDHS, BIU, 1575 Sherman Street, Denver, CO 80203-1714

PLEASE PRINT LEGIBLY

Applicant Information

_____	_____	_____	_____
First Name	Middle Name	Last Name	Alias/Maiden Name
_____	_____	_____	_____
Date of Birth	Sex: M/F	Race	Social Security Number
_____	_____	_____	_____
Current Address	_____	City/State/Zip	Phone Number
_____	_____	_____	_____
Mailing Address	_____	City/State/Zip	Timeframe at address
_____	_____	_____	_____
Previous Address	_____	City/State/Zip	Timeframe at address
_____	_____	_____	_____

SPOUSE/FORMER SPOUSE/PARENT(S) OF YOUR CHILDREN (Add additional names on a separate sheet of paper)

_____	_____	_____	_____
First Name	Middle Name	Last Name	Alias/Maiden Name
_____	_____	_____	_____
Date of Birth	Sex: M/F	Race	Social Security Number

CHILDREN/STEPCHILDREN – Use full names. (Add additional children on a separate sheet of paper)

1)	_____	_____	_____
	Complete Name	Date of Birth	Sex: M/F
2)	_____	_____	_____
	Complete Name	Date of Birth	Sex: M/F
3)	_____	_____	_____
	Complete Name	Date of Birth	Sex: M/F
4)	_____	_____	_____
	Complete Name	Date of Birth	Sex: M/F

