PREVIOUS STREET ADDRESS

## NEW YORK STATE OFFICE OF CHILDREN AND FAMILY SERVICES

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<b>REQUEST</b>	<b>FOR</b>	<b>INFORMATION</b>	I GUARD	IANSH	IIP FORM
		(FOR COURT U	SF ONLY)		

SCR USE ONLY: Request I.D. #	
Date of request:	

FROM (mo/yr)

TO (mo/yr)

Section 1706 of the Surrogate's Court Procedure Act and Section 81.19(g) of the Mental Hygiene Law require that an inquiry be made of the New York Statewide Central Register of Child Abuse and Maltreatment as to whether the proposed guardian or any other individual eighteen years of age or over who resides in the home of the proposed guardian is a subject of an indicated child abuse or maltreatment report

ot		al eighte	en years of age or over to report.									
RE	SOURCE ID#	COURT LIAISON				A (	AREA CODE/PHONE #					
DC	OCKET FILE #		COURT NAME AND ADDRESS				ZI	ZIP CODE				
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the relationshipas appropriate)  F – Family member (under 18 years of age)  O – Other household member (under 18 years of age)  Mail your completed OCFS-3909, Request for Information  For questions regard	ing how to fill out the OCFS-3909,				
the relationshipas appropriate)  F – Family member (under 18 years of age)					
Relationship to Guardian Codes: (list the code and/or	<ul> <li>M - Maiden name/alias (must be completed for every guardian)</li> <li>E - 18-year-old or older (residing in a proposed guardian's household)</li> <li>F - Family member (under 18 years of age)</li> </ul>				
COURT LIAISON: Record Name of Court Liaison.					
DOCKET/FILE #: Record your Court Docket File # as appropriate.	Record your Court Docket File # as appropriate.				
RESOURCE ID # Record Resource ID # as appropriate. If you need assistance, email: max	Record Resource ID # as appropriate. If you need assistance, email: mailto:ocfs.sm.conn_app@ocfs.ny.gov				

To order a supply of the form, **OCFS-3909**, **Request for Information Guardianship:** Please access and completely fill out form **OCFS-4627**, **Request for Forms and Publications** from the Internet: <a href="http://ocfs.ny.gov/main/documents/defaultkeyword1.asp">http://ocfs.ny.gov/main/documents/defaultkeyword1.asp</a>

Mail your completed OCFS-4627, *Request for Forms and Publications* to the: Office of Children and Family Services, Mailroom, 52 Washington Street, Rensselaer, NY 12144. If you have difficulty accessing the form from the web-site, you can call the Forms Request Line at: 518-473-0971 and leave a detailed message to receive one.

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OCFS-3909	(Rev.	10/2016)	REVERSE

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