

**ARKANSAS DEPARTMENT OF HUMAN SERVICES
REQUEST FOR ADULT MALTREATMENT REGISTRY INFORMATION**

Print all information in ink.

Name	Date of Birth
Maiden Name and/or Any Names Formerly Used	Social Security Number
Current Address (Street, City, State, Zip)	
List all previous addresses for the past five years. (Attach additional pages, if needed.)	Dates (From/To)

I authorize Department of Human Services/Adult Protective Services to release information from the Adult Maltreatment Central Registry in accordance with Ark. Code Ann. § 12-12-1717 to the following:

Agency Name/Contact Person <i>First United Methodist Church</i>	Agency type: <input type="checkbox"/> Volunteer (no charge) <input checked="" type="checkbox"/> Non-Profit (no charge) <input type="checkbox"/> State Agency (no charge) <input type="checkbox"/> All Others (\$10.00 Fee)
Mailing Address (Street or PO Box, City, State, Zip) <i>615 E. Main Batesville, AR 72501</i>	

I further certify that the information provided on this form is true and correct.

Signature _____ Date _____

COUNTY OF _____
STATE OF ARKANSAS

Acknowledged before me this _____ day of _____, 20____.

Notary Public My Commission Expires _____ [SEAL]

For APS use only:

The above named applicant was _____ / was not _____ listed in the Adult Maltreatment Central Registry.

Verified by: _____

**MAIL THE COMPLETED FORM TO:
Adult Maltreatment Central Registry - Slot W240
PO Box 1437
Little Rock, AR 72203**