

REQUEST FOR COPIES OF BCCYS RECORDS

The information contained in Berks County Children and Youth Services (BCCYS) files is confidential and highly protected. Various laws and regulations limit the agency's ability to share or provide copies of file information. Accordingly, BCCYS encourages you to obtain information from a provider whenever possible. Moreover, certain documents are restricted by law from being reproduced and must be obtained from the provider. Requesting parties are only able to view/obtain information regarding themselves or their biological/adopted children. Separate releases and/or court authorization must be obtained to view information pertaining to other parties.

A request to view or copy file information is required in writing, with at least two weeks' notice. The written request must state the specific documents to be viewed/copied. An agency solicitor will review the request and determine, in accordance with all rules, regulations and laws, if the request will be granted or denied. While the file is being viewed at BCCYS, an agency representative must be present at all times. The information viewed will only pertain to the person viewing or their biological/adopted children.

There is a set fee for copies of file documentation. The fee will be charged to anyone making a request for copies. The fee will be set at \$1.00 for the first page and \$0.25 for each page thereafter. Double-sided pages account for two pages and will be charged accordingly. No checks will be accepted - cash or money orders only.

In instances of legal proceedings, a parent must indicate in writing that they are representing themselves. If the parent is representing himself or herself, they will be provided one copy of the court packet free of charge. If additional copies are requested, the request must be made in writing. If the request for an additional copy of the court packet is approved, the above-noted fee will be charged.

A referent of child abuse/neglect may not be released to anyone, except as designated in the Child Protective Service Law.

Print Name of Person Requesting Records Signature

Date of Birth: _____ SSN : _____

Current Mailing Address: _____

Telephone Number: _____

Name of the mother or child/ren involved in the case record that you are requesting information on:

I am requesting to view the file

I am requesting copies of the following documents

I am requesting to view the file and obtain copies of the following documents

Date of the Request: _____