

# 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, 1<sup>st</sup> Floor  
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Phone 303-866-5990  
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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**

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

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

|                        |                      |                    |                                 |
|------------------------|----------------------|--------------------|---------------------------------|
| _____<br>First Name    | _____<br>Middle Name | _____<br>Last Name | _____<br>Alias/Maiden Name      |
| _____<br>Date of Birth | _____<br>Sex: M/F    | _____<br>Race      | _____<br>Social Security Number |

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

|    |                        |                        |                   |
|----|------------------------|------------------------|-------------------|
| 1) | _____<br>Complete Name | _____<br>Date of Birth | _____<br>Sex: M/F |
| 2) | _____<br>Complete Name | _____<br>Date of Birth | _____<br>Sex: M/F |
| 3) | _____<br>Complete Name | _____<br>Date of Birth | _____<br>Sex: M/F |
| 4) | _____<br>Complete Name | _____<br>Date of Birth | _____<br>Sex: M/F |

