

# Charlotte H. Danciu, P.A.

ATTORNEYS AT LAW

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CHARLOTTE H. DANCIU  
MAXINE DERKATCH  
MICHAEL J. DANCIU

## RELEASE OF INFORMATION AND CONSENT TO LAW ENFORCEMENT AND ABUSE REGISTRY RECORDS

I, (we) hereby authorize the release of any information requested by CHARLOTTE H. DANCIU, P.A. to be utilized in determining my (our) suitability to be (an) Adoptive Parent(s).

I, (we) hereby grant permission to CHARLOTTE H. DANCIU, P.A. to obtain information from local, state, or federal law enforcement agencies to help determine my (our) suitability to serve as (an) adoptive parent(s). I (we) understand, however, that a history of arrest reported by any of these agencies will not necessarily prohibit my (our) participation in the adoption program.

Pursuant to Florida Statute 415.51(4), I (we) hereby authorize CHARLOTTE H. DANCIU, P.A. to make inquiry of the Child Abuse Registry and the Florida Department of Law Enforcement in regard to the existence of any indicated report of abuse or neglect, and the results of any investigation and any criminal records pursuant to hereto. I (we) understand that the results of this inquiry will be held confidential by CHARLOTTE H. DANCIU, P.A.

Full Name \_\_\_\_\_  
Alias: \_\_\_\_\_  
Race: \_\_\_\_\_ Sex: \_\_\_\_\_  
Birthdate: \_\_\_\_\_  
SS#: \_\_\_\_\_

\_\_\_\_\_  
Applicant Date

Full Name \_\_\_\_\_  
Alias: \_\_\_\_\_  
Race: \_\_\_\_\_ Sex: \_\_\_\_\_  
Birthdate: \_\_\_\_\_  
SS#: \_\_\_\_\_

\_\_\_\_\_  
Applicant Date

**A CHECK OR MONEY ORDER MUST BE SUBMITTED ALONG WITH THIS REQUEST  
MADE PAYABLE TO THE FLORIDA DEPARTMENT OF LAW ENFORCEMENT.  
THE FEE FOR SAME IS \$24.00 PER PERSON.**