Maryland
Department of
Human Services

Child Protective Services/Adam Walsh Background Clearance Packet

This packet contains the following documents:

1. Instructions for submitting a CPS/Adam Walsh Background Clearance Request;
2. The Consent for Release of Information CPS/Adam Walsh Background Clearance Request; and
3. The mailing and email address for the Local Departments of Social Services (LDSS).

Instructions for submitting a CPS/Adam Walsh Background Clearance Request

Clearance Request Requirements:

- A separate request is required for each individual whose name is to be searched.
- Provide proof of identity to the Notary Public before you sign Part IV. The Notary's signature and seal is required on all forms.* Legible photocopies will be accepted. The request form expires 60 days from the date of the applicant's signature.
  *Requests being made by a State's Department of Social Services does not require a Notary signature/seal.
- A request form must be legible and completed in its entirety.
- If you have been issued a Social Security Number (SSN), you MUST provide it to ensure a thorough search can be conducted.
- If the applicant is under 16 years of age, a parent/guardian must authorize the form and it must be notarized.

Submitting the CPS/Adam Walsh Background Clearance Request:

****Requestors are encouraged to submit forms electronically, as mailed requests have longer processing times****

- If the applicant resides outside of Maryland, and you are unable to submit the request electronically, please forward the completed form to:

  Maryland Department of Human Services
  Social Services Administration
  CPS Background Clearance Unit
  25 S. Charles Street, 11th floor
  Baltimore, MD 21201

- For faster service, you may submit your CPS/Adam Walsh Background Clearance packet electronically via the CPS/Adam Walsh Background Clearance web page here.
- If you are unable to submit your request electronically and the applicant *currently resides* in Maryland, submit the completed form directly to the LDSS of the jurisdiction where the applicant resides. Refer to page 6 of this document for a full list of LDSS contact information.

Processing Time

- Request Forms sent via postal mail will take 4-6 weeks from the date of receipt to be processed.
- Request Forms submitted via the submission web page will take approximately 3-4 weeks to be processed.

Important Facts

- Incomplete or illegible forms will be returned and will cause a *significant delay* in being processed. A form is considered incomplete or illegible if one or more of the following apply:
    - The photocopy is illegible; the photocopy is too light/dark, the Notary signature/seal is unable to be seen, the text cannot be read.
    - Information is missing from Part I, Part II, and/or Part III.
    - Information is not clear and readable in Part I, Part II, and/or Part III.
    - Corrective tape, such as white-out, has been used on the form.
    - The Notary signature/seal is missing or incomplete.
    - The form was previously returned and a new form was not completed.
- If a form is returned, a new form must be completed.
    - The Department of Human Services, Social Services Administration, will not process a returned request that has been altered *after* Notary signature and seal.
- Information on family members is requested in the event the applicant has the same name as another person known to the department, to help determine the correct person.
- There is no fee for this service.
- **All prior versions of the CPS/Adam Walsh Clearance Request are obsolete**

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CONSENT FOR RELEASE OF INFORMATION

*******PLEASE COMPLETE THIS FORM ONLINE AND THEN PRINT *******

Part I: PURPOSE OF SEARCH

A. RELEASE TO SELF:

☐ 1. To determine if I have been found responsible for an "indicated" or "unsubstantiated" disposition for a child abuse or neglect investigation.

☐ 2. To determine if I have any remaining appeal rights.

B. RELEASE TO AN AGENCY/INDIVIDUAL RELATED TO:

☐ Adoption	☐ School Personnel	☐ Day Care Center	☐ Youth Camp Personnel Administrator
☐ Foster Care	☐ Institutional Employee	☐ Family Day Care	☐ Youth Camp Worker/Volunteer
☐ Kinship Care	☐ CASA	☐ Community Mgmt. Entity	☐ Other **(Please Specify)**
☐ International Adoption	☐ Custody Evaluation	☐ Group Home/Residential Treatment Facility	

Agency/Individual Name | Name of Agency Representative

Agency Address ***(To include street # and name, unit type and #, city, state, and zip code)*** | Representative's Phone Number (- - X)

Representative's Email

Part II: SEARCH INFORMATION *(To be completed **in full** by individual whose name is being searched)*

APPLICANT'S LAST NAME | FIRST NAME | MIDDLE NAME (Full) | MAIDEN/BIRTH NAME

SOCIAL SECURITY NUMBER (- -) | A - Number | DATE OF BIRTH | GENDER (-Select-) | RACE

OTHER NAMES USED

NUMBER | STREET NAME | UNIT TYPE/# | CITY | STATE | ZIP CODE | COUNTRY

DAYTIME TELEPHONE NUMBER | EMAIL ADDRESS

CURRENT SPOUSE
LAST NAME | FIRST NAME | MIDDLE NAME (Full) | DATE OF BIRTH

FULL NAMES OF ALL CHILDREN *(To include adult children and children not residing with you)*

LAST NAME	FIRST NAME	MIDDLE NAME (Full)		DATE OF BIRTH

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If more than 3 children, attach additional paper if necessary.

Have you lived in Maryland in the past? ◯**Yes** ◯**No**
Have you worked or volunteered in Maryland in the past? ◯**Yes** ◯**No**
If yes to either question, from what years? (ex. 2015 - 2023): _____

PRIOR ADDRESSES *(List all within the past 7 years in Maryland.)*					
NUMBER	STREET NAME	CITY	STATE	ZIP CODE	DATE

Part III: AUTHORIZATION

Pursuant to Code of Maryland Regulations § 07.02.07, pertaining to the confidentiality of Child Protective Services investigations and reports, I hereby authorize the Maryland Department of Human Services (DHS) to notify _____(agency or individual as listed in Part I) as to whether a local department of social services has identified me as responsible for "indicated" child abuse or neglect in any record maintained by the Maryland Department of Human Services, any local department of social services, and Child Protective Services.

*******STOP*******

REVIEW THAT ALL SECTIONS ARE COMPLETE. PLEASE DO NOT ALTER THIS FORM IN ANY WAY. ALTERED FORMS WILL NOT BE ACCEPTED. PRINT THIS FORM BEFORE PROCEEDING TO PART IV.

PART IV: SIGNATURE *(If Applicant is under age 16, must be signed by Applicant's parent/guardian and Applicant)*

	DATE
(Print name of signature above, must be legible)	

PART V: CERTIFICATE OF ACKNOWLEDGEMENT OF INDIVIDUAL BEFORE A NOTARY PUBLIC

(Signature Must be blue ink)

City/County of: _____ State of: _____

Acknowledged before me this _____day of _____, 20____

_____
NOTARY PUBLIC SIGNATURE

My commission expires:

Mailing and Email Addresses for the Local Department of Social Services

If you did not use the location drop-down box on page one, please use the address of your local jurisdiction below to send your request for Adam Walsh/CPS Background Clearance.

Local Department of Social Services	Mailing Address	Email Address
Allegany County DSS	1 Frederick St. Cumberland, MD 21502	adultandchildservices.allegany@maryland.gov
Anne Arundel County DSS	7500 Ritchie Highway, Glen Burnie, MD 21061	aadss.clearances@maryland.gov
Baltimore City DSS	1525 N. Calvert Street Baltimore, MD 21202	BCDSS.CLEARANCES@maryland.gov
Baltimore County DSS	6401 York Rd., Baltimore, MD 21212	dlbacodss_backgroundclearance_DHS@maryland.gov
Calvert County DSS	200 Duke St., Prince Frederick, MD 20678	calvertdss.cpsclearances@maryland.gov.
Caroline County DSS	207 S. Third St., Denton, MD 21629	caroline.clearances@maryland.gov
Carroll County DSS	1232 Tech Dr #1, Westminster, MD 21157	carroll.adultandchildservices@maryland.gov
Cecil County DSS	170 E. Main Street, Elkton, MD 21921	DLCecilBackgroundChecks_DHS@maryland.gov
Charles County DSS	200 Kent Ave., P.O. Box 1010, La Plata, MD 20646	charlescounty.cpsclearances@maryland.gov
Dorchester County DSS	2737 Dorchester Square, Cambridge, MD 21613	dorchesterdss.cpsclearances@maryland.gov
Frederick County DSS	1888 N. Market St. Frederick, MD 21701	fcdss.cpsclearances@maryland.gov
Garrett County DSS	12578 Garrett Highway, Oakland, MD, 21550	GCDSS.CPSBackgroundClearances@maryland.gov
Harford County DSS	2 S. Bond St., Suite 300, Belair, MD 21014	harcodss.clearances@maryland.gov
Howard County DSS	9780 Patuxent Woods Drive, Columbia, MD 21046	howco.cpsbackgroundclearances@maryland.gov
Kent County DSS	P.O. Box 670, Chestertown, MD 21620	kentcodss1.cpsbackgroundclearances@maryland.gov

Montgomery County DSS	1301 Piccard Drive, Rockville, MD 20850	MCCWS1CPSBackgroundClearances@montgomerycountymd.gov
Prince George's County DSS	805 Brightseat Rd., Landover, MD 20785	pgcdss.clearances@maryland.gov
Queen Anne's County DSS	125 Comet Drive, Centerville, MD 21617	qacodss1.cpsclearances@maryland.gov
Somerset County DSS	30397 Mt. Vernon Rd., P.O. Box 369, Princess Anne, MD 21853	scdss.intake@maryland.gov
St. Mary's County DSS	23110 Leonard Hall Drive, Leonardtown, MD 20650	stmaryscounty.cpsclearances@maryland.gov
Talbot County DSS	301 Bay Street Unit #5, Easton, MD 21601	talbot.cpsclearances@maryland.gov
Washington County DSS	122 N. Potomac St., Hagerstown, MD 21740	wcdss.screening@maryland.gov
Wicomico County DSS	201 Baptist St., Suite 27, Salisbury, MD 21801	dlwi_screeningintake_wi_dhs@maryland.gov
Worcester County DSS	299 Commerce St., P.O. Box 39 Snow Hill, MD 21863	worcdss.cpsbackgroundclearances@maryland.gov