

ANNEX C – Protection of Children: Request for Disclosure of Material.

This form should be used when requesting information relating to alleged current or historical physical or sexual abuse against a young person 17 (seventeen) years or under at the time of the alleged incident. When complete, this form should be sent to accessinformation@staffordshire.gov.uk.

1. The Police are conducting a criminal investigation into allegations made against the following individuals: **PLEASE ONLY COMPLETE THIS SECTION IF YOU ARE REQUESTING INFORMATION ON THE ALLEGED PERP**				
NAME				
ADDRESS				
DoB				
2. What offence is being investigated: Please keep this information to a minimum, e.g. allegation of rape/sexual abuse/physical abuse. This section MUST be completed.				
3. Details of the child/children involved in the allegations:				
NAME				
ADDRESS				
DoB				
VICTIM OR WITNESS				
SOCIAL WORKER (if known)				
SCHOOL(S) ATTENDED <small>*Please provide dates</small>				

4. We believe that your Authority may hold the following material relating to the alleged offender(s) or the above child/children which may be relevant to my investigation
Please be specific in describing the information you require. In the case of a CPS whole file request, then please ensure you state this in your request.

5. For this Investigation, it is important that arrangements are made for us to examine the material by:

[Insert Date]

Name and contact details for the CPS Prosecutor:

[Insert name & details]

6. By signing this form below, I understand that any information obtained by us will be treated as sensitive and dealt with in accordance with Criminal Procedure and Investigations Act 1996

7. In accordance with the Area Protocol re exchange of information in child abuse cases, we would ask that arrangements are made for us to examine the above material. Any material relating to Family Court Proceedings must not be made available except with the consent of the Court or in accordance with Family Procedure Rules 2010.

Please ensure that you sign and date this form. We do not accept typed signatures.

Signed		Date:
Print Name		Station:
Tel No:		Email address: