



## REQUEST FORM MEETING WITH DCF LEADERSHIP

*Please email the completed form to: [invite.commissioner@dcf.nj.gov](mailto:invite.commissioner@dcf.nj.gov)*

Thank you for your interest in having members of the the New Jersey Department of Children and Families' leadership team attend your upcoming meeting/event.

### **Directions:**

- Please complete the following form including all requested details.
- Email the completed form as an attachment to the email address noted above. Please also attach an agenda.
- An email acknowledging receipt of your request will be sent to you.

### **Next Steps:**

- A representative from DCF will contact you shortly thereafter to inform you of the leadership staff's availability.
  - *If your request is approved, please note that a representative from DCF will contact you at least two (2) weeks prior to the meeting to finalize the details. Thus, it imperative that all contact information is complete and accurate and the listed contact is accessible for timely responses.*

Please be aware that members of the DCF leadership team are invited to a myriad of functions throughout the year, and at certain times their calendars may fill up months in advance. However, we assure you that we will make every effort to accommodate your request as permissible.

### **IMPORTANT:**

*The State of New Jersey's Conflict of Interest requirements establish parameters for public employees' attendance at events and meetings. They also limit the use of official titles for fundraising purposes. Please be advised that all materials advertising DCF's participation in advance of an event/meeting must be submitted to [invitecommissioner@dcf.state.nj.us](mailto:invitecommissioner@dcf.state.nj.us) for review and approval prior to distribution.*



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### AT A GLANCE:

Title/Subject of the Meeting:	
Host/Organization Name:	
Location:	
Date:	Start/End Time:

### ABOUT THE REQUESTOR:

Contact Person (Full Name and Title)	Email Address:
Mobile Telephone Number:	Office Telephone Number:

### ABOUT THE MEETING:

Purpose of the Meeting ( <i>Please Attach Agenda/Topics of Discussion</i> ):	
Name(s), Titles, and Affiliation of Attendee(s) <i>List Elected/Appointed Officials, Dignitaries and Other Prominent Attendees (if any):</i>	Expected Number of Attendees:
Request Length of Time for Meeting:	Parking Availability:
Will there be any printed materials issued in advance of the event in which you would like to include a name or photo of the attending staff member? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Additional Notes/Comments:	
<b>FOR DEPARTMENTAL USE ONLY</b>	
Date Received/Date Scheduled:	Status: <input type="checkbox"/> Accepted <input type="checkbox"/> Declined <input type="checkbox"/> Deferred
Staff Required:	Briefing Needed: <input type="checkbox"/> Yes <input type="checkbox"/> No Remarks Needed: <input type="checkbox"/> Yes <input type="checkbox"/> No
Additional Notes/Comments:	DCF Photography Needed: <input type="checkbox"/> Yes <input type="checkbox"/> No