



Department of Human Services Office of Investigations Report Request Form

A legal guardian or family member uses this form to request an investigation report generated by the Department of Human Services’ Office of Investigations (OI). Per [Division Circular 30](#), an incident and/or investigations report generated by an entity other than OI can only be released through a court order.

- Submit this request form by email to DDD-.ORM-SKL@dhs.nj.gov.
- For more information, please see [New Jersey Public Law 2017, Chapter 238 - Stephen Komminos’ Law](#).

Request Information
Individual’s name: _____ Date of birth: _____ Requestor’s name: _____ Phone number: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Email address: _____ Are you the individual’s legally appointed guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, what is your relationship to the individual? _____ If approved, how should we send you the report? <input type="checkbox"/> Mail <input type="checkbox"/> Email Date of incident: _____ Incident number: _____ Please use the check boxes to indicate the reason(s) you are requesting this investigation report: <input type="checkbox"/> Provision of care / Service delivery <input type="checkbox"/> Treatment of the individual <input type="checkbox"/> Assessment of the individual <input type="checkbox"/> Evaluation of the individual <input type="checkbox"/> Supervision of the individual
The Division will review the request to determine whether (a) the investigation report contains information not already provided, which is needed in connection with the provision of care, treatment, assessment, evaluation, or supervision of the individual, and (b) providing information is in the best interests of the individual. If the request is approved, the names of caregivers, other service recipients, and some third parties that appear in the report will be redacted in accordance with Division Circular 30 .
Requestor’s Signature: _____ Date: _____