



**Request for Expungement Review**

If you want to have your name considered for removal (or expunged) from the CAN Registry and/or the APS Registry, please supply the requested information.

Your Current Full Name (please print)

First	Middle	Last

Your Current Mailing Address (please print)

Street	City	State	Zip Code

Your Date of Birth

Your Social Security Number

--	--

Other names previously used such as former married names, maiden name and nick names (please print)


Names and birthdates of your child/children who have lived with you (please print)


Your household addresses for the past 20 years (please print)


Signature

Date

--	--

If you remember the situation, you may provide your version of the incident. If you completed any type of program to correct the problem, such as therapy, drug and/or alcohol treatment, parenting classes, etc., you may want to include documentation of that program.

Mail your request to:

Nebraska Department of Health & Human Services  
Children and Family Services  
Attn: Expungement Request  
P.O. Box 95026  
Lincoln, NE 68509-5026  
or email your request to [DHHS.CFSCentralRegistry@nebraska.gov](mailto:DHHS.CFSCentralRegistry@nebraska.gov)