NEBRASKA
Good Life. Great Mission.
DEPT. OF HEALTH AND HUMAN SERVICES

Division of Children and Family Services (CFS)
Nebraska Child Abuse and Neglect Central Registry (CAN Registry)
Nebraska Adult Protective Services Central Registry (APS Registry)
Request for Expungement Review

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. Please also provide supporting documentation to show why you should be taken off the central registry, such as treatment or therapy letters, programming completion letters, class certificates, references from professionals, etc. You can ask for an expungement at any time and as many times as you want.

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

Mail or Email your request and Supporting Documents 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.CRreview@nebraska.gov