



**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

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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

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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.CFSCentralRegistry@nebraska.gov](mailto:DHHS.CFSCentralRegistry@nebraska.gov)