

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Division of Aging and Adult Services
**ADULT PROTECTIVE SERVICES (APS)
RECORDS REQUEST FORM**

Please accept this as an official request for the APS case file on:

Name of Vulnerable Adult/Client _____

Address (No., Street) _____

City _____ State _____ ZIP Code _____

Date of Birth _____ Social Security Number _____

Relationship to Vulnerable Adult/Client _____

Requestor's Name (please print) _____

Address (No., Street) _____

City _____ State _____ ZIP Code _____

Phone Number _____ Date _____

Signature of Requestor _____

Please submit APS Records Requests to PublicRecordsRequest@azdes.gov. All APS records requests require a signature.

This request will be forwarded to the Arizona Attorney General's office for review and consideration. The requestor will receive written communication regarding the release of the requested case file within 30 days. Please include any related documents to support your request. Below you will find a list of some of the types of supporting documents that you may want to include with your request:

- Guardian/Conservator Appointment
- Power of Attorney
- Payee
- Death Certificate
- Legal Representative
- Any Other Essential Documentation

The Arizona Department of Economic Security

Attn: APS Custodian of Records

P.O. Box 6123

Mail Drop 1292

Phoenix, AZ 85005

Fax: (602) 542-6000