

DHS-1929-W, CENTRAL REGISTRY CLEARANCE REQUEST – WYATT’S LAW
Michigan Department of Health and Human Services
(New 11-22)

Effective November 1, 2022, Public Act 64 of 2022 (Wyatt’s Law) provides that a parent or other person responsible for a child, who has reason to believe another caregiver may place that child at risk, may receive confirmation of central registry placement of that caregiver.

If the requester has an active Friend of the Court case, the request must be processed through Friend of the Court:

- The requester must complete the information below, including the name of the individual being cleared, and that individual’s date of birth, and social security number, if known.
- The requester must submit the completed form to the local Friend of the Court office.
- Friend of the Court will submit the request to the Michigan Department of Health and Human Services (MDHHS) on the requester’s behalf.
- The results will be issued to the requester.

If the requester does not have an active Friend of the Court case:

- The requester must complete the information below, including the name of the individual being cleared, and that individual’s date of birth, and social security number, if known.
- The requester must submit the completed form to the Michigan Department of Health and Human Services directly at MDHHS-FOC-CentralRegistryClearanceRequests@michigan.gov.
- The results will be issued to the requester.

Note: Incomplete requests or requests that do not meet statutory requirements will not be processed.

COPY OF REQUESTER’S IDENTIFICATION

<p style="text-align: center;">COPY PHOTO ID HERE</p> <p style="text-align: center;">OR</p> <p style="text-align: center;">ATTACH A SEPARATE PAGE</p>

SECTION 1 – INFORMATION ON PERSON BEING CLEARED

Name Date of Birth Social Security Number (if known)

SECTION 2 – INFORMATION ON CHILD POTENTIALLY AT RISK

Child's Name Date of Birth Social Security Number (if known)

Child's Relationship to Individual in Section 1 Child's Relationship to Requester in Section 3

SECTION 3 – INFORMATION ON REQUESTER

Name of Requester

Address City State Zip Code

Email Phone Number Date of Birth

Requester's Relationship to Child in Section 2 (Example: Parent / Caregiver / Other Person Responsible) please explain.

Requester's Relationship to Individual in Section 1

Individual in Section 1 will be a caregiver for the child?

Yes No

Individual in Section 1 will provide unsupervised care for the child?

Yes No

Explain why child in Section 2 is believed to be at risk by individual in Section 1?

I attest that this information is true, accurate, and complete to the best of my knowledge and I understand that any falsification or omission may subject me to administrative, civil, or criminal liability.

Signature of Requester

The Michigan Department of Health and Human Services will not exclude from participation in, deny benefits of, or discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, partisan considerations, or a disability or genetic information that is unrelated to the person's eligibility.