

## REQUESTING A REVIEW FROM Vermont's Child Protection Registry

### Instructions for making a request:

1. Start by reading the information below to see if you may request one — at this time.
2. If you can, complete the next page.
3. Mail your completed form to the address provided.

### SUBSTANTIATION REVIEW

When you were substantiated	When you may request a review
▶ From January 1, 1992 to August 31, 2007	▶ At any time
▶ On or after September 1, 2007	▶ Within 14 days of when we mailed you a letter telling you about the substantiation

### EXPUNGEMENT REVIEW

You may NOT request one while you are required to be on the sex offender registry.

When you were substantiated	Your child protection level	How long you have to wait
▶ Before July 1, 2009	No level	3 years
▶ From July 1, 2009 to February 28, 2019	1	7 years
	2	3 years
▶ On or after March 1, 2019	1	15 years
	2	7 years
	3	3 years
	4	1 year

If you were substantiated for behavior that happened before you were 10, your registry record will be automatically expunged when you turn 18 — as long as you have no additional substantiations.

If you were substantiated for behavior that happened before you were 18, you may request a review after your name has been listed on the registry for at least three years.

# Request for a Registry Review (page 2)

## Check the type of review(s) you're requesting:

- SUBSTANTIATION REVIEW** - to challenge the substantiation
- EXPUNGEMENT REVIEW** - to have your name expunged (*removed*) from the registry
- ⇒ If you're asking for an expungement review, is it related to employment?  yes  no

**ANSWER THE FOLLOWING QUESTIONS COMPLETELY AND ACCURATELY. PRINT CLEARLY.**

## Information about the person substantiated

Last name	First name	Middle name
Other names used		
Mailing address	City/town & state	Zip code
Date of birth (mm/dd/yyyy)	Daytime phone (with area code)	Email address

## Parent/legal guardian of the person substantiated (if necessary)

Include your information below if you're the parent of the child, or legal guardian of the adult, who is the subject of this request.

Last name	First name	Middle name
Daytime phone (with area code)	Email address	

## Signature of the person substantiated or the parent/legal guardian

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

R-02/19

### Mail your completed form to:

Department for Children and Families  
Commissioner's Registry Review Unit  
HC 1 North, 280 State Drive  
Waterbury, VT 05671-1080