



## REQUEST FOR PRIVATE AND OFFICIAL INFORMATION

In pursuant of the Official Information Act 1982 and the Privacy Act 1993 (Principle 6: Access to Personal Information)

Date of request:		Request taken by:		NHI # (if applicable):																	
Requestors Name:				Date of Birth:																	
Address:			Phone (hm):																		
			Mobile:																		
Email:																					
Signature of Requestor:			Requestor's ID Verified:		YES / NO																
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">Personal Information sort on:</th> <th style="width: 15%;">D.O.B:</th> <th style="width: 15%;">NHI # (if applicable)</th> <th style="width: 37%;">Relationship:</th> </tr> </thead> <tbody> <tr> <td>Name:</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Name:</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Name:</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						Personal Information sort on:	D.O.B:	NHI # (if applicable)	Relationship:	Name:				Name:				Name:			
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Name:																					
Name:																					
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<b>Information required:</b> (ie; police records, police reports, CYFS file, medical records etc)																					
Has there been a previous request for this information?			Y/N if YES, when?																		
<b>Please send this form to:</b> (please circle or fill in ONE FORM per agency)																					
NZ POLICE	GP/Doctor	CYF Child, Youth & Family	DHB District Health Board	PLUNKET																	
Other (please specify)																					
Send request to nearest... (please list local station, site office, practice etc)																					
I give permission for this file to be sent electronically to: <a href="mailto:FCIS@panic.org.nz">FCIS@panic.org.nz</a> YES <input type="checkbox"/> NO <input type="checkbox"/>																					

*NB: This form **must** be dated stamped and copied by those receiving this form and a copy given to the requestor*



Your Name, Address and Phone Number

Child, Youth and Family (please list site office file held at)

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Dear Sir/Madam

### Appointment of Agent

In the matter of my current dealings with the above agency, I appoint an advocate from FCIS (Family Crisis Intervention Service) to act on my behalf, as my agent.

They are authorised to “act on my behalf” in all matters in these dealing, including but no restricted to:

- Receiving documents on my behalf
- Acting as my witness and/or support person at ANY meeting
- Be present at any/all Family Group Conferences
- Accompany me to any meeting with you or be present at any Family Court hearing
- If necessary act as my “McKenzie friend” at any Family Court hearing
- Represent me and/or speaking for me in any matter
- Act on my behalf in other matters as they arise

This authority may be withdrawn at any time in writing over my signature.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_