RETURN DOCUMENT CHECK LIST

Please be sure that the following documents are properly completed, signed and returned.

All paperwork should be printed in blue or black ink

- ☐ Parental CUW Permission / Release Form
- ☐ Criminal Background Release Form (need parent signature)
- ☐ Personal Information / Emergency Contact Form
- ☐ **Clear** Copy of Driver's License or State Issued ID

*PLEASE NOTE: Required documents that are not properly completed, not returned, or returned incomplete will hinder our process and may disqualify you from the CUW program.

Please Return Checklist and Completed Forms To:

Division of Alcohol & Tobacco Enforcement
34 Starlifter Avenue
Dover, DE 19901
Attn: Alcohol CUW Program

State of Delaware
Department of Safety and Homeland Security
Division of Alcohol and Tobacco Enforcement

I, _____, give my son/daughter
(Name of Parent/Guardian: Please Print)

_____
(Name of Youth: Please Print)

permission to volunteer for the Division of Alcohol and Tobacco Enforcement's Alcohol Cooperating Underage Witness (CUW) Program conducted by Delaware's Division of Alcohol and Tobacco Enforcement. My child may participate in Alcohol compliance check activities.

I do hereby release and discharge the State of Delaware, Department of Safety and Homeland Security, Division of Alcohol and Tobacco Enforcement, its agents and insurers, from all claims, demands, damages, actions, causes of actions or suits, at law or in equity, of whatsoever kind of nature on my minor child's account, of any injury or damage to my minor child's person or property resulting from, or arising out of, his or her participation in any enforcement activity involving the Division of Alcohol and Tobacco Enforcement. I understand that this release includes but is not limited to: property damage, bodily injury, medical costs and expenses and lost wages.

I understand that my minor child may be required to offer testimony against violators in any court of law and/or in an administrative proceeding before the Delaware Alcoholic Beverage Control Commissioner, that may result from his or her cooperation with the Division of Alcohol and Tobacco Enforcement. I agree to fully comply with any requirement and/or subpoena that I or the minor child may receive. This release, or a reproduction thereof, shall be valid for a period of one year from the date of execution of this document.

Address: _____

City: _____ Zip: _____ Phone: _____

Gender: ☐ Male ☐ Female Birthday: _____ /_____ /_____

Parent/Guardian Phone: (Home) _____ (Work) _____

Parent/Guardian e-mail _____

_____
Signature of parent/guardian

In witness thereof, I have hereunto set my signature this _____day of _____, 20___

_____
Witness signature

State of Delaware
Department of Safety and Homeland Security
Division of Alcohol and Tobacco Enforcement

Minor CUW Criminal Background Release Form

I _____
(print full legal name of parent/guardian)

Date of Birth _____ of, _____
(Print Complete Address, City, State, Zip)

am the parent/legal guardian of the following minor child in my custody:

_____ Date of Birth _____
(print full name of minor child)

I understand that the minor child named herein shall be required to undergo a criminal background check conducted by the Division, prior to their participation in the CUW program. **I understand that the Division may disqualify the minor child named herein if negative police contact or criminal history information is discovered.** This authorization, or a reproduction thereof, shall be valid for the duration of my child's assignment to the CUW Program, not to exceed three (3) years from the date of execution of this document.

In witness thereof, I have hereunto set my signature this ____ day of_____, 20__

_____
Signature of parent/guardian

_____ _____
Witness signature Witness signature

Division use only:

Criminal background check: ☐ Pass ☐ Fail

Date of check: _____ /_____ / 20_____ Performed by: _____

Criminal background check: ☐ Pass ☐ Fail

Date of check: _____ /_____ / 20_____ Performed by: _____

Criminal background check: ☐ Pass ☐ Fail

Date of check: _____ /_____ / 20_____ Performed by: _____

DIVISION OF ALCOHOL AND TOBACCO ENFORCEMENT

PERSONAL INFORMATION / EMERGENCY CONTACT RECORD

ALCOHOL CUW'S NAME _____ _____
(First) (Middle) (Last)

SOCIAL SECURITY# _____ BIRTHDAY ___/___/____

ADDRESS _____

_____

EMAIL ADDRESS _____

HOME TELEPHONE _____ CELL PHONE _____
(Listed or Unlisted)

Persons to notify in case of an EMERGENCY: (Please list two (2) choices)

NAME _____ **RELATIONSHIP**_____

ADDRESS _____ **HOME PHONE** _____

_____ **BUSINESS PHONE** _____

NAME _____ **RELATIONSHIP**_____

ADDRESS _____ **HOME PHONE** _____

_____ **BUSINESS PHONE** _____

U.S. Citizen: YES ____ NO____

Are there any special medical conditions or medications you are taking that this office should be aware of in case of an emergency?

YES _____ NO _____

If yes, what are the conditions/medications _____

_____

_____