

DEPARTMENT OF CHILDREN AND FAMILIES
FLORIDA ABUSE HOTLINE INFORMATION SYSTEM BACKGROUND CHECK

Mail Original to: **Administrative Office of the Courts**
Probate Guardianship Division
501 1st Avenue North – 2nd Floor Room 215
St. Petersburg, Florida 33701

To Be Completed by the Applicant: PLEASE SIGN LEGIBLY. All information must be completed or form will be returned. I (we) hereby give consent for the Department of Children and Families to conduct a search for confirmed reports of abuse, neglect, or exploitation on record concerning me.

Type of Guardian (check one): Professional Family/Non Professional Employee

X _____ (_____) _____
Applicant's Signature Date Current Phone Number

Email Address: _____

Ward

Name	Date of Birth	Social Security #	Case number	relationship to ward
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Guardian

Please print Last Name First Full Middle Maiden/Prior Last Name
Applicant: 1. _____ / _____
Race Sex Date of Birth Social Security Number
Other known names: _____ None

Please print Last Name First Full Middle Maiden/Prior Last Names
Applicant: 2. _____ / _____
Race Sex Date of Birth Social Security Number
Other known names: _____ None

List all residences within the state of Florida from 1978 until present. In the event of multiple occupancy within one county, list address of longest occupancy. Attach sheet for additional addresses if necessary.

Applicant's Present Address Street City Zip County Dates of Residence

Applicant's Previous Address Street City Zip County Dates of Residence

We agree to keep confidential all information received as a result of background checks conducted, as required by Florida Statutes. We understand that law prohibits release of this information to unauthorized persons.