

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
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

	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

Applicant: 2.	Last Name	First	Full Middle	Maiden/Prior Last Names
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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
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Applicant's Previous Address	Street	City	Zip	County	Dates of Residence
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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.