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

Agency/Facility: Administrative Office of the Courts Phone: (727) 582-7243 Pinellas Circuit Court Fax: (727) 582-7406 501 1<sup>st</sup> Avenue North Room 637 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 Applicant's Signature Date **Current Phone Number** Ward Name Date of Birth Social Security # Case number relationship to ward Guardian Please print Full Middle Maiden/Prior Last Name Last Name First Applicant: 1. Social Security Number Race Sex Date of Birth Other known names: \_\_\_\_\_ None First Full Middle Maiden/Prior Last Names Applicant: 2. Last Name Sex Social Security Number Date of Birth Race None Other known names: \_\_\_\_\_ 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

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

City

Zip

County Dates of Residence

Street

Applicant's Previous Address