

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

Please Email or Mail to:

Pinellas County	Pasco County
Administrative Office of the Courts 501 1 st Avenue North, Room A222 St. Petersburg, Florida -OR- Email (Pinellas ONLY): ProbateOffice@jud6.org	Probate Department 7530 Little Rd New Port Richey, FL 34654

I 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.

(PLEASE SIGN LEGIBLY)

X

Applicants Signature

All information must be completed or form will be returned.

Name of Alleged Incapacitated (AIP) or Developmentally Disabled Person (DDP):

Case number: _____

AIP/DDP Date of Birth: _____

Applicant's Relationship to AIP/DDP:

Family Member Non-professional Registered Professional Guardian

Name of Applicant (Last, First, Middle):

Maiden/Prior Name and/or Other known Names:

Race: _____

Sex: _____

Date of Birth: _____

Email Address (required): _____

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.