

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

Agency/Facility: Hillsborough County Clerk  
 Guardianship Division  
 Post Office Box 1110  
 Tampa, FL 33601-1110

Phone: (813) 276-8100 Ext. 4360  
 Fax: (813) 272-5037

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

**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  
 \_\_\_\_\_ / \_\_\_\_\_

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 release of this information to unauthorized persons is prohibited by law.