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

Agency/Facility: Administrative Office of the Courts
Pinellas Circuit Court
501 1st Avenue North Room 637
St. Petersburg, Florida 33701

Phone: (727) 582-7243
Fax: (727) 582-7406

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 Applicant: 1. Last Name First Full Middle Maiden/Prior Last Name
_____/ _____

___ ___ _____ _____
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.