

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

Mail Original to: **Administrative Office of the Courts**  
**Probate Guardianship Division**  
**501 1<sup>st</sup> Avenue North – 2<sup>nd</sup> 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: \_\_\_\_\_

|             |                      |                          |  |
|-------------|----------------------|--------------------------|--|
|             | <b>Ward</b>          |                          |  |
| <b>Name</b> | <b>Date of Birth</b> | <b>Social Security #</b> | <b>Case number</b> <b>relationship to ward</b> |

**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 law prohibits release of this information to unauthorized persons.