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

Email or Mail to**:**

Administrative Office of the Courts (Pinellas cases)
501 1st Avenue North, Room A222
St. Petersburg, Florida 33701 OR
Email:ProbateOffice@jud6.org

Probate Department (Pasco cases)
7530 Little Rd New Port Richey, FL 34654

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): Family/Non Professional

X_____(____)_____
Applicant's Signature Date Current Phone Number

Email Address:_____

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 law prohibits release of this information to unauthorized persons.