

CERTIFIED Criminal History Information Request

Please print this form and mail it (along with the required \$24 processing fee) to:
Florida Department of Law Enforcement
CJIS User Services
P.O. Box 1489
Tallahassee, FL 32302

Date: _____

Contact Person: Debra Hewitt

Requested by: Sunshine State Adoption Home Study Services
Contact Telephone: (407) 422-9136

ORI Number: N/A

PLEASE Return Results to this address:

Debra Hewitt
Sunshine State Adoption and Home Study Services, Inc.
1344 Vassar Street
Orlando, FL 32804

Pursuant to provisions of Chapter 119, F.S.,
I request a criminal history record check of your files on _____ individual(s).
Payment in the amount of _____ is enclosed.
(The fee is \$24.00 per individual inquired upon submission)

I request a criminal history record check on the following individual:

Name: _____
(Last, First Middle or Maiden)

Reserve this space
for stamping FDLE's results:

Other Names Used: _____

Race: _____ Sex: _____ DOB: _____

Social Security Number: _____

Current Address:

Street: _____

City, State: _____

Required Information

Name - Complete name of person Sex - Male or Female Date of Birth

Race - White; Black; American Indian or Alaskan; Asian or Pacific Islander; or
Unknown

*****INDICATE HISPANIC PERSONS AS WHITE OR BLACK BASED ON SKIN
COLOR***** **PLEASE CERTIFY**