

**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 and Home Study Services

Telephone:407-422-9136

**PLEASE Return Results to this address:**

Sunshine State Adoption and Home Study Services  
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, 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\*\***