

## 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**

**User Services Bureau**

**Criminal History Services**

**PO Box 1489**

**Tallahassee FL 32302**



Date: \_\_\_\_\_

Contact Person: Margot Logan

Requested by: Forever Families Home Study Agency

Contact Telephone: (407) 977-8639

ORI Number: \_\_\_\_\_  
( if applicable)

### PLEASE Return Results to this address:

Margot Logan, LCSW

Forever Families Home Study Agency

P.O. Box 1195

Goldenrod, FL 32733-1195

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: \_\_\_\_\_

Reserve this space for  
stamping FDLE's results

(Last, First Middle or Maiden)

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\*\*