



## REQUEST FOR EXEMPTION

To request a review and determination if you are eligible for an exemption, you must complete this application. In addition to this application, you must provide all documentation required on the Exemption Request Checklist at the time you submit this request.

Pursuant to Section 435.07(3), Florida Statutes, you must demonstrate by clear and convincing evidence that should receive an exemption and not be disqualified from seeking certain employment opportunities. If you choose to seek an exemption, you have the burden of setting forth sufficient evidence of rehabilitation from the circumstances surrounding the criminal incident for which an exemption is sought. We will review and consider the time period that has elapsed since the criminal incident, the nature of harm caused to the victim, and any other evidence or circumstances indicating that you will not present a danger working directly with children or vulnerable adults.

Prior to proceeding with this application, you must verify you understand the following information by checking the box next to each statement, sign and date this form:

1.  **Three years** or more have passed since I have been released from prison, parole or other criminal-related supervision that had been court ordered for a **disqualifying felony** criminal offense.
2.  I am not under any type of criminal-related supervision that has been court-ordered due to a **disqualifying misdemeanor** criminal offense.
3.  Any and all outstanding court-ordered costs or fees associated with my criminal history have been paid in full and I do not owe restitution, public defender or other court costs.
4.  **I am not designated as a sexual predator, sexual offender, or career offender.**
5.  I am formally requesting that the Department, in accordance with the provisions of Chapter 393, 408 and 435, Florida Statutes, provide me with an Exemption Review.
6.  I understand that I must provide clear and convincing evidence to support a reasonable belief that I am of good moral character and that I pose no danger to the health or safety of children, persons with developmental disabilities, or vulnerable adults.
7.  I understand that the decision of the Department of Children and Families or the Agency for Persons with Disabilities regarding this Exemption may be contested through a hearing under the provisions of Chapter 120, F.S.
8.  I understand any person that knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor of the second degree.

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Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Date

1317 Winewood Boulevard, Tallahassee, Florida 32399-0700

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### Application for Exemption

Applicant Information: Please print legibly. All questions must be answered:

<b>Last Name:</b>	<b>First Name:</b>	<b>Middle Name:</b>
<b>Mailing Address:</b>		<b>Phone number: <i>Please include area code</i></b>
<b>City:</b>	<b>State: FL</b>	<b>Zip:</b>
<b>Email:</b>	<b>SSN:</b>	
<b>Date of Birth: <i>mm/dd/yyyy</i></b>	<b>Sex:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	
<b>List all prior names, aliases, AKAs:</b>	<b>Race:</b> <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Indian <input type="checkbox"/> Asian or Pacific <input type="checkbox"/> Other	

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### **QUESTIONNAIRE TO DESCRIBE REHABILITATION**

**Complete the following three questions and attach to the application. A type written document is required unless you have no access to a computer.**

- 1. Explain, in detail, the following related to your disqualifying and non-disqualifying offenses including,**
  - **The circumstances of your offenses**
  - **How your actions affected the lives of others**
  - **How it impacted your live**
  
- 2. Describe actions taken to improve your professional skills:**
  - **List your educational achievements, such as certifications, licenses, specialized training or advance degree coursework**
  - **Describe any additional activities related to professional development**
  
- 3. Include any other information related to community involvement or other rehabilitation that you wish to share and to be considered for your exemption request.**



## EMPLOYMENT HISTORY

Please provide your employment history for the last three years. A resume may be attached in lieu of completing this employment history section, if it includes the information required below.

Attach additional pages if needed.

### Most Recent Employer:

<b>Facility name:</b>	<b>Facility Address:</b>	<b>Facility phone number:</b>
<b>Supervisor:</b>	<b>Your title/ occupation:</b>	<b>Dates employed:</b> From ____/____/____ To ____/____/____
<b>Responsibilities:</b>		
<b>Reason for Leaving:</b>		

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**FLORIDA DEPARTMENT  
OF CHILDREN AND FAMILIES**  
MYFLFAMILIES.COM

<b>Facility name:</b>	<b>Facility Address:</b>	<b>Facility phone number:</b>
<b>Supervisor:</b>	<b>Your title/ occupation:</b>	<b>Dates employed:</b> From ____/____/____ To ____/____/____
<b>Responsibilities:</b>		
<b>Reason for Leaving:</b>		

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Work in Partnership with Local Communities to Protect the Vulnerable, Promote Strong and Economically Self-Sufficient Families, and Advance Personal and Family Recovery and Resiliency



## LOCAL LAW ENFORCEMENT CHECK

To be completed by the Police Department or Sheriff's Office in the County where you live.

Dear Sheriff:

Pursuant to Chapter 435, F.S., Department of Children and Families is requesting a local record check.

Thank you for your cooperation.

Please provide any record you have on the applicant listed below:

<b>Last Name:</b>	<b>First Name:</b>	<b>Middle Name:</b>	
<b>Date of Birth:</b>	<b>SSN:</b>	<b>Sex:</b>	<b>Race:</b>

\_\_\_\_\_ No local law record

\_\_\_\_\_ Yes, local law record attached

Local Law check conducted by: \_\_\_\_\_

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

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**FLORIDA DEPARTMENT  
OF CHILDREN AND FAMILIES**  
MYFLFAMILIES.COM

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

To: Florida Department of Corrections  
Office of Community Corrections  
501 S Calhoun Street, Room 141  
Tallahassee, FL 32399  
[OBISTech-clemency@fdc.myflorida.com](mailto:OBISTech-clemency@fdc.myflorida.com)

From: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

\_\_\_\_\_

Race: \_\_\_\_ Sex: \_\_\_\_

\_\_\_\_\_

FDC#: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

County/Countries of Supervision and case number for disqualifying case/s:

1. \_\_\_\_\_ 3. \_\_\_\_\_

2. \_\_\_\_\_ 4. \_\_\_\_\_

RE: Department of Children and Families Background Screen Exemption

I am applying to the Florida Department of Children and Families (DCF) for an exemption in reference to my recent Background Screening. The application requests information about my past community supervision. Can you please provide the following information:

1. The period of supervision (start date and termination date).
2. If there were any violations during the period of supervision (new arrest/technical).
3. Were all conditions completed.
4. Were all monetary obligations completed (If required, restitution, court costs, fees, fines, cost of supervision, drug testing fees or surcharges).

Thank you in Advance,

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