



State of Florida
Department of Children and Families

Rick Scott
Governor

Mike Carroll
Secretary

REQUEST FOR EXEMPTION

The attached Request for Exemption application is being sent to you in response to your request for an exemption review. The Department of Children and Families (DCF) requires that you complete the attached Request for Exemption.

The following forms: Request for Exemption, Employment History Record, Exemption Application, Exemption Questionnaire, and Checklist, must be completed and mailed to **the Background Screening Coordinator in your Circuit/Region**. Failure to complete the application within the specified time frames could result in your continued disqualification. **Please Note: Exemption packet must be returned 30-days after receipt of this packet to avoid rescreening.**

Pursuant to Section 435.07(3), Florida Statutes, the applicant must demonstrate by clear and convincing evidence that he or she should be disqualified. Applicants seeking an exemption have the burden of setting forth sufficient evidence of rehabilitation, including but not limited to, the circumstances surrounding the criminal incident for which an exemption is sought, the time period that has elapsed since the incident, the nature of harm caused to the victim, and the history of the applicant since the incident, or any other evidence or circumstances indicating that the applicant will not present a danger.

If you have any questions or need additional information, please call your specified Background Screening Coordinator in your Circuit/Region from the list provided. **Please note: Fax copies of this request and internet printouts of court findings are not acceptable. Please make copies of all paperwork before mailing. If you request copies, copies will be sent to you via US mail two weeks after your request is received, a fee will be applied.**

Request for Exemption Review: I am formally requesting that the agency, in accordance with the provisions of Chapter 393, 408 and 435, Florida Statutes, provide me with an Exemption Review. 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.

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.

Signature

_____/_____/_____
Date

Exemption Review Request Checklist

It is important that you provide **ALL** of the information below and check off each item as you obtain it. Please return this form with the last document you will be submitting to complete your file.

Failure to provide all relevant documentation will result in the delay of the review of the exemption request.

Final Court Dispositions and Petition (certified copies required) - A certified copy of the State Attorney's Petition, Arraignment, Judgment, Sentencing, and Final Disposition Orders), **for each of your criminal offenses** is required. Certified Court documents may be obtained from the Clerk of the Court in the county in which the offense occurred. If this information is not available, a statement from the clerk of court and State Attorney's Office that the record does not exist or has been destroyed is acceptable; the statement from these agencies must include reference to any alias names in addition to your present name. **If the disposition is not available, a statement from the Court that the record does not exist or has been destroyed is acceptable; the statement from these agencies must include reference to any alias names in addition to your present name.**

Arrest Report or Charging Affidavit - A copy of the arrest report/charging affidavit **for each of your criminal offenses** is required. You may obtain a copy of this report from the arresting agency. The arrest report is the report the arresting officer wrote which states what events resulted in your arrest. **If the report is not available, a statement from the Law Enforcement Agency that the record does not exist or has been destroyed is acceptable; the statement from these agencies must include reference to any alias names in addition to your present name.**

Please note: Fax copies of this request is not acceptable. Internet printouts of court findings are not acceptable.

Completion of Sanctions - Completion of **probation/parole, fines, restitution, or other court ordered sanctions** are required for your disqualifying offenses. This documentation can be obtained from the Clerk of Court in the county in which the offense occurred. This must include the date in which the payment/completion of the sanction was satisfied. If you are currently on probation please provide a letter from the probation office stating the anticipated completion date

Proof of your rehabilitation - Proof of rehabilitation may take the form of letters from employers, or community members, records of successful participation in a rehabilitation program, further education or training certifications, special awards of recognition, or information, which indicates that you are not a danger to the safety or well-being of others. If you did not receive court ordered rehabilitation or did not seek any voluntarily, please indicate so.

Employment history record - Identify the name and address of employer, supervisor's name and telephone number, and your job responsibilities for at least the last 3 years. Include letters of reference from those employers indicating dates of employment, or IRS W-2 forms, and/or first and last pay stubs. Attach additional sheets if necessary.

Letters of Recommendation - Provide **two or more original, signed and notarized** letters of recommendation letters of reference that will attest to your good moral character. All character reference letters need to be original and current. These may be from anyone (for example professionals, prior employers, educators, counselors, etc) that is familiar with your past and present character. Individuals providing a letter of recommendation should include their name, address, and telephone number for verification or possible interview. Use of official letterhead is recommended, as applicable.

Explanation about your personal history - Explain what happen with each arrest, tell us your current home life, level of education/training, family members, personal goals, and community involvement.

A copy of the Affidavit of Good Moral Character. You can obtain this from your current or potential employer.

Updated local law results - Please see enclosed form – please take to the sheriff/police department in the county that you reside for completion. *If the most recent local law check 60 days old at the time of review, new local law check must be generated prior to the final decision being made.*

Employment History

Please provide your employment history for the last three years.

Most Recent Employer: _____
Facility Name

Facility Address City State

Supervisor: _____ Phone #: (____) ____-____

Your Title or Occupation: _____

Dates Employed: From ___/___/___ to ___/___/___

Responsibilities: _____

Most Recent Employer: _____
Facility Name

Facility Address City State

Supervisor: _____ Phone #: (____) ____-____

Your Title or Occupation: _____

Dates Employed: From ___/___/___ to ___/___/___

Responsibilities: _____

Most Recent Employer: _____
Facility Name

Facility Address City State

Supervisor: _____ Phone #: (____) ____ - ____

Your Title or Occupation: _____

Dates Employed: From ___/___/___ to ___/___/___

Responsibilities: _____

Most Recent Employer: _____
Facility Name

Facility Address City State

Supervisor: _____ Phone #: (____) ____ - ____

Your Title or Occupation: _____

Dates Employed: From ___/___/___ to ___/___/___

Responsibilities: _____

3. What is current status with the court system?

4. Degree of harm to victim or property (permanent or temporary), damage or injuries:

5. Were there any stressors in your life at the time of the disqualifying incident? If so, are they still present?

6. Current Stressors, current support system, current living arrangements (Married/Single/Living with Children) and community activities/involvement?

7. List your educational achievements and training you have completed. Include the date of completion and name of institution(s).

8. Have you ever received counseling for any reason Please be specific and list time, dates and age.

9. Have you ever used/misused drugs and alcohol? Please be specific and list the age at which you started and how you started. Are you still using drugs or alcohol?

10. Are you involved in any community activities/involvement? (Faith based organizations, sports, volunteer work, etc.)

11. Remorse / accept responsibility: Document any relevant information related to the acceptance of responsibility for disqualifying and non-disqualifying offenses
