



DECLARATION OF GOOD MORAL CHARACTER

I, _____ am an applicant for employment as direct service staff,
or I am currently employed as direct service staff with _____,
or I am an applicant for certification or certification renewal as an assessor.

I understand I must acknowledge the existence of any domestic violence offenses committed by me or if I've been a subject of an injunction for protection against domestic violence, or if I am under any form of community supervision including probation, pre-trial diversion or parole. I also understand I must acknowledge the existence of any criminal records relating to the following list regardless of whether or not those records have been sealed or expunged; and that I am obligated to notify my employer or if self-employed, notify the Department of Children and Families Office of Domestic Violence Program within 72 hours of any possible disqualifying offenses that may occur while employed or certified.

Florida Statutes

Offenses

393.135	relating to sexual misconduct with certain developmentally disabled clients
394.4593	relating to sexual misconduct with certain mental health patients
415.111	relating to adult abuse, neglect, or exploitation of aged person or disabled adults
741.28	relating to domestic violence (any crime of violence against a family/household member, including assault and battery)
782.04	relating to murder
782.07	relating to manslaughter, aggravated manslaughter of an elderly person or disabled adult, or aggravated manslaughter of a child
782.071	relating to vehicular homicide
782.09	relating to killing of an unborn child by injury to the mother
784.011	relating to assault, if the victim of the offense was a minor
784.021	relating to aggravated assault
784.045	relating to battery, if the victim of the offense was a minor
787.01	relating to aggravated battery
	relating to kidnapping
	relating to false imprisonment
794.11	relating to sexual battery
former 794.041	relating to prohibited acts of persons in familial or custodial authority
796	relating to prostitution
806.01	relating to arson
812	relating to theft, robbery, shoplifting, dealing in stolen property and related crimes, if the offense was a felony
817.563	relating to fraudulent sale of controlled substances, only if the offense was a felony
825.102	relating to abuse, aggravated abuse, or neglect of an elderly person or disabled adult
825.1025	relating to lewd or lascivious offenses committed upon or in the presence of an elderly person or disabled adult
825.103	relating to exploitation of an elderly person or disabled adult, if the offense was a felony

- 826.04 relating to incest
- 827.03 relating to child abuse, aggravated child abuse, or neglect of a child
- 827.04 relating to contributing to the delinquency or dependency of a child
- 827.05 relating to negligent treatment of children
- 827.071 relating to sexual performance by a child
- 847 relating to obscene literature
- 893 relating to drug abuse prevention and control if the offense was a felony or if any other person involved in the offense was a minor
- 916.1075 relating to sexual misconduct with certain forensic clients and reporting on such sexual misconduct

ONE OF THE FOLLOWING STATEMENTS MUST BE MADE:

Under the penalty of perjury, which is a first degree misdemeanor, punishable by a term of imprisonment, not to exceed one year and/or a fine to not exceed \$1,000 pursuant to ss. 837.012 and 775.082 or 775.083, Florida Statutes, I attest that I have read the above and I meet the moral character requirements for employment in this position or certification, as required by Chapter 65H-2, Florida Administrative Rule. By signing this form, I am certifying that I have not been found guilty or entered a plea of guilty or nolo contendere, regardless of the adjudication, to any of the above charges under the provisions of the Florida Statutes or under any similar statute of another jurisdiction.

Signature of Affiant _____ Date

OR

To the best of my knowledge and belief, I attest that I have read the above and my record contains one or more of the forgoing disqualifying acts or offenses listed above. *(Please list, below, the date of conviction and offense(s) contained in your record. If your current employer has previously granted you an exemption for this disqualifying offense, please attach copy of letter granting exemption.)*

DATE OF CONVICTION	OFFENSE(S)

Signature of Affiant _____ Date