

CONFIDENTIAL
 DEPARTMENT OF JUVENILE JUSTICE - OFFICE OF THE INSPECTOR GENERAL
 BACKGROUND SCREENING UNIT

REQUEST FOR CLEARINGHOUSE SCREENING
INITIAL SCREENING, AGENCY REVIEW AND RESUBMISSIONS

FOR PROVIDER **VOLUNTEERS**

- Detention Residential Probation Prevention Research
 Other _____

Check this box if applicant is or was a Florida law enforcement officer or a certified officer with the Department of Corrections

A. Last Name _____	First Name _____	Full Middle Name _____	Maiden/Alias _____
Social Security #: _____	Race: _____	Sex: _____	Screening Request ID#
Driver's License #: _____	Email Address: _____		

B. TO BE COMPLETED BY REQUESTOR		
Requestor's Name (Contact Person) _____	Telephone Number & Ext. # _____	Fax Telephone Number _____
Office/Facility/Program Name _____	Email Address _____	Agency Hire Date _____

C. FOR BSU PERSONNEL USE ONLY <i>Providers must check the Clearinghouse Portal for Results</i>						
This Applicant CAN	<input type="checkbox"/>	CANNOT	<input type="checkbox"/>	Apply for an Exemption Hearing		
DHSMV records can be check by visiting http://www.hsmv.state.fl.us .						
Eligibility Determination: <input type="checkbox"/> Eligible <input type="checkbox"/> Not Eligible						
Florida Criminal Record:		<input type="checkbox"/> Yes (Attached)	<input type="checkbox"/> No			
Judicial Inquiry System:	<input type="checkbox"/>	Yes (Attached)	<input type="checkbox"/>	No		
Substantiated Reportable Incident:	<input type="checkbox"/>	Yes (Attached)	<input type="checkbox"/>	No	The next 5-Year Resubmission must be completed by:	
Automated Training Management System:	<input type="checkbox"/>	Yes (Attached)	<input type="checkbox"/>	No	<input type="checkbox"/> N/A	
COMMENTS:						
Signature of Screener:				Date:		
Signature of Reviewer:				Date:		