

Handout # 11

Attachment I

Dear Sheriff (SHERIFF OF COUNTY POTENTIAL PROVIDER RESIDES)

Pursuant to Chapter 435, F.S. **Agency for Persons With Disabilities, Area XX** requests a local records check on the applicant listed below:

EMPLOYEE #1			
_____	_____	_____	_____
(last name)	(first name)	(middle name)	
XX/XX/XXXX	123-45-6789	X	X
_____	_____	_____	_____
(date of birth)	(Social Security Number)	(race)	(sex)

Please document the findings on this check and return the information to:
(your name and address)

Sincerely,

Who requests may differ by Area
(Your Name)

(County Name) SHERIFF's OFFICE
NO ARREST RECORD – BY NAME ONLY

BY: Signature of Sheriff's Office _____ XX/XX/XXXX