

**DEPARTMENT OF JUVENILE JUSTICE  
OFFICE OF THE INSPECTOR GENERAL  
BACKGROUND SCREENING UNIT**

**Affidavit of Compliance with Level 2 Screening Standards  
For Law Enforcement Personnel**

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_, with the \_\_\_\_\_,  
Law Enforcement Representative Law Enforcement Agency

hereby affirm that all law enforcement personnel, representing the above named law enforcement agency while in a Department of Juvenile Justice or contract provider facility or program, have been fingerprinted by the law enforcement agency and the results have been received. I further affirm that these law enforcement personnel meet Level 2 employment screening standards as outlined in section 435.04, Florida Statutes.

\_\_\_\_\_  
SIGNATURE OF AFFIANT

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC, STATE OF FLORIDA

(Print, Type, or Stamp Commissioned Name of Notary Public)

- Affiant personally known to notary
  - or
  - Affiant produced Identification
- (check one)

Type of Identification Produced: \_\_\_\_\_

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**List of Law Enforcement Personnel**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_
11. \_\_\_\_\_
12. \_\_\_\_\_
13. \_\_\_\_\_
14. \_\_\_\_\_
15. \_\_\_\_\_
16. \_\_\_\_\_
17. \_\_\_\_\_
18. \_\_\_\_\_
19. \_\_\_\_\_
20. \_\_\_\_\_
21. \_\_\_\_\_
22. \_\_\_\_\_
23. \_\_\_\_\_