

**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 the applicant is or was a Florida law enforcement officer or certified officer with the Department of Corrections.**

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

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

C. FOR BSU PERSONNEL USE ONLY
<i>Providers must check the Clearinghouse Portal for Results and click the "Public Rap Sheet" button to view the applicant's Florida criminal record.</i>

Apply for EXEMPTION    Applicant CAN     Applicant CANNOT

DHSMV records can be check by visiting <a href="http://www.hsmv.state.fl.us">http://www.hsmv.state.fl.us</a> .	
<b>Eligibility Determination:</b>	<input type="checkbox"/> <b>Eligible</b> <input type="checkbox"/> <b>Not Eligible</b>

Florida Criminal Record:	<input type="checkbox"/>	Yes (Attached)	<input type="checkbox"/>	No	
Judicial Inquiry System:	<input type="checkbox"/>	Yes (See Applicant)	<input type="checkbox"/>	No	
<b>Hot File:</b> *warrant- protection order-probation	<input type="checkbox"/>	Yes (See Applicant)	<input type="checkbox"/>	No	
<b>Hot File –Identified Risk:</b> *Violent Felony Offender-Career or Habitual Offender- Sexual Offender- Sexual Predator	<input type="checkbox"/>	Yes (See Rap Sheet)	<input type="checkbox"/>	No	
Subject of DJJ Reportable Incident:	<input type="checkbox"/>	Yes (Attached)	<input type="checkbox"/>	No	
Automated Training Management System (ATMS):	<input type="checkbox"/>	Yes (Attached)	<input type="checkbox"/>	No	<input type="checkbox"/> N/A

**COMMENTS:**

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Signature of Screener: \_\_\_\_\_ Date: \_\_\_\_\_

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Signature of Reviewer: \_\_\_\_\_ Date: \_\_\_\_\_