

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

Annual Affidavit of Compliance with Level 2 Screening Standards

STATE OF FLORIDA
COUNTY OF _____

I, _____, with the _____,
(Facility Representative) (Facility/Program)

a contractor or employer with the Department of Juvenile Justice, hereby affirm, under penalty of perjury, that each employee has complied with the Level 2 background screening requirements as stated in Chapters 984 and 985 and Section 435.04, Florida Statutes, as well as the Department's Background Screening Policy, Procedures, and rules. Employees in positions of special trust or responsibility have been fingerprinted and the fingerprint requests submitted to the Department of Juvenile Justice, Office of Inspector General, Background Screening Unit. All employees/volunteer have been screened as required under section 435.04, Florida Statutes, before they were hired or utilized as a volunteer.

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: _____