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| **Family on the Mend LLC**  **Request for Local Law Enforcement Check** | | | | |
| Name of County Law Enforcement Agency: | |  |  | Zip |
| Pursuant to Chapter 435, Laws of Florida, we request local records and calls for services check on the applicant listed below: | | | | |
|  |  | | | |
| Last Name Maiden First | Middle |  |  |
|  |  | | | |
| Date of Birth |  | Race/Sex |  |
| Calls for Service:  Previous Address (if applicable):  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Please Document the findings and return information to:  Name of Facility: **Family on the Mend LLC**  **Attn: Shanda Moorman**  **POB:2652**  **Windermere, FL 34786** | | | | |
| Requested by (name and job title):  Shanda Moorman, Executive Director | | | | |
|  | I hereby authorize Family on the Mend LLC to check any and all records pertaining to criminal convictions, and for any law enforcement agency to release to Families on the Mend LLC information regarding convictions under Florida Statute or statutes of other jurisdictions. | | | |
| Client’s Signature | Date |  |  |