



Date _____

Attn: Records Department

The Department is investigating the background of the individual identified below for purposes of becoming a **foster or adoptive parent**.

We therefore request a summary of all local arrests and incident reports, including traffic violations. This request is pursuant to Chapter 39 and/or Chapter 435, F.S.

First Name: _____ AKA _____
Middle Name or initial (if known): _____
Last Name: _____
Other Names Known by: _____ (maiden names, aliases or other married names used by individual)
D.O.B.: _____ Race: _____ Sex: _____ SS# _____
Current Address: _____ _____

Thank you for your attention to this matter. Please call if you have any questions.

Name of Requester

Telephone #

239/226-1524 | fax 239/226/1115 | 2232 Altamont Ave | Fort Myers, FL 33901



The Children's Network of Southwest Florida is sponsored in part by the State of Florida,
Department of Children and Families

The Children's Network of Southwest Florida is committed to working with the community in building and maintaining a child protection system that promotes safety and stability for children and families.