

BACKGROUND HISTORY REPORT FORM

FLORIDA DEPARTMENT OF HEALTH
EMT/PARAMEDIC/RADIOLOGIC TECHNOLOGY OFFICE
4052 BALD CYPRESS WAY, BIN C85 - TALLAHASSEE, FL 32399-3285
(850) 245-4910 - (850) 921-6365 FAX

INSTRUCTIONS: PLEASE COMPLETE THIS FORM FOR ALL INCIDENTS FOR WHICH YOU WERE CONVICTED, OR ENTERED A PLEA OF NOLO CONTENDERE, OR HAD ADJUDICATION OF GUILT WITHHELD. USE A SEPARATE FORM FOR EACH INCIDENT AND DO NOT LEAVE ANY SECTIONS BLANK. ATTACH COPIES OF ALL DOCUMENTS REQUESTED BELOW. NOTE: YOUR APPLICATION IS INCOMPLETE WITHOUT THIS INFORMATION.

1. APPLICANT NAME:	DATE OF BIRTH:
2. NAME & ADDRESS OF ARRESTING AGENCY: (ATTACH POLICE ARREST REPORT)	CASE #: _____ DATE ARRESTED: _____
3. CHARGE(S): (LIST ALL CHARGES CONNECTED WITH ARREST & INDICATE WHETHER FELONY OR MISDEMEANOR): _____ _____ _____	
4. NAME, ADDRESS & PHONE NUMBER OF COURT WHERE SENTENCED:	CASE #: _____ DATE SENTENCED: _____
5. DISPOSITION OF CHARGE(S): (INDICATE DISPOSITION OF EACH CHARGE AT TIME OF SENTENCING) <input type="checkbox"/> NOT GUILTY _____ <input type="checkbox"/> GUILTY _____ <input type="checkbox"/> ADJ. WITHHELD _____ <input type="checkbox"/> NOLLE PROSSED _____ <input type="checkbox"/> OTHER (SPECIFY) _____	
6. TERMS OF SENTENCE: (LIST DETAILS OF EACH TERM BELOW & ATTACH COURT DOCUMENTS) <input type="checkbox"/> INCARCERATION _____ <input type="checkbox"/> PROBATION _____ <input type="checkbox"/> RESTITUTION _____ <input type="checkbox"/> REHAB/TREATMENT _____ <input type="checkbox"/> FINE _____ <input type="checkbox"/> HOUSE ARREST _____ <input type="checkbox"/> COMMUNITY SERVICE _____ <input type="checkbox"/> OTHER (SPECIFY) _____ _____	
7. HAVE ALL TERMS OF SENTENCE BEEN COMPLETED? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF "YES", ATTACH PROOF; IF "NO" EXPLAIN) _____ _____ _____	
8. IF CONVICTED OF A FELONY, HAVE YOUR CIVIL RIGHTS BEEN RESTORED? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF YES, ATTACH PROOF)	

