



BACKGROUND HISTORY REPORT FORM

EMT/PARAMEDIC/RADIOLOGIC TECHNOLOGY OFFICE
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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)	

