

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

**Affidavit of Compliance with Level 2 Screening Standards  
For Law Enforcement Personnel**

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_, with the \_\_\_\_\_,  
Law Enforcement Representative Name/Title Law Enforcement Agency Name

hereby affirm that all law enforcement personnel, who represent the law enforcement agency listed above and provide service on our behalf in a Department of Juvenile Justice (DJJ) or DJJ contracted provider facility or program, meet Level 2 employment screening standards as outlined in section 435.04, Florida Statutes, and have been:

- Fingerprinted by our agency and/or the Florida Department of Law Enforcement (FDLE)
- Determined eligible for employment

\_\_\_\_\_  
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: \_\_\_\_\_

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**List of Law Enforcement Personnel**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_
11. \_\_\_\_\_
12. \_\_\_\_\_
13. \_\_\_\_\_
14. \_\_\_\_\_
15. \_\_\_\_\_
16. \_\_\_\_\_
17. \_\_\_\_\_
18. \_\_\_\_\_
19. \_\_\_\_\_
20. \_\_\_\_\_