



SEVENTEENTH JUDICIAL CIRCUIT OF FLORIDA

SPECIAL COURT MONITOR APPLICATION FORM

Date: _____

Name: _____

Address: _____

Telephone #: _____ Mobile #: _____

E-Mail Address: _____

Occupation: _____

Name of Current Employer: _____

State of Florida License or Board Certification #: _____

Are you in good standing with your licensing board? _____

Languages spoken: _____

Check off areas of expertise:

Accounting

Developmental Disabilities

Geriatrics

Investigations

Legal

Mental Illness

Other, please list (attach additional sheets, if necessary):

Describe your familiarity with Chapter 744, Florida Statutes.

Please attach a copy of:

- (1) Your most recent license and certificate if applicable.
- (2) Your curriculum vitae or resume

Applicant's Statement: I hereby affirm, under penalties of perjury, that I have read the foregoing and the facts alleged are true, to the best of my knowledge and belief. I hereby authorize inquiries to be made concerning my eligibility to serve as a Special Court Monitor, which will include an employment screening pursuant to Chapter 435, Florida Statutes, and credit check, and may include verification of prior employment and performance for previous employers. I understand that the information required in this application will be used solely for the purpose of determining suitability as a Special Court Monitor. I also certify that I am or will become familiar with Chapter 744, Florida Statutes and will abide by its requirements. I release the Seventeenth Judicial Circuit, its officers, agents, and employees, from any liability whatsoever in connection with the background verification or use of the results in determining if a contract will be executed by the Seventeenth Judicial Circuit with the undersigned.

Applicant's Signature

Printed Name

Date