



AFFIDAVIT OF GOOD MORAL CHARACTER

State of Florida

County of _____

Before me, this day personally appeared _____
Who duly sworn, deposes and says:

I am an applicant for foster care or adoption

By signing this form, I am swearing I have not been convicted of any or the following offenses identified by the Federal Adoptions and Safe Family Act and Section 435.045, Florida Statutes, as prohibitive for persons wishing to provide foster care or adopt a child subject to a placement decision pursuant to Chapter 39, Florida Statutes. I understand this Affidavit applies to the Florida Statutes or any similar statute of another jurisdiction.

I understand I must acknowledge the existence of any criminal records relating to the following list regardless of whether or not those records have been sealed or expunged. I understand I am also obligated to notify Kids Central, Inc. of any possible disqualifying offenses that may occur pending the finalization of an adoption or while licensed to provide foster care.

*I understand that approval shall **NEVER** be granted when a record check reveals a felony conviction for child abuse, abandonment or neglect, spousal abuse, a crime against children, including child pornography. A crime involving violence, including rape, sexual assault or homicide, **BUT** not including other physical assault or battery, if Kids Central, Inc. finds the felony was committed at **ANY** time.*

*I understand that approval shall **NOT** be granted when a record check reveals a felony conviction for physical assault, battery, or a drug-related offense, if Kids Central, Inc. finds that a court of competent jurisdiction has determined the felony was committed within the past five (5) years.*

Under the penalty of perjury, which is a first degree misdemeanor, punishable by the a definite term of imprisonment, not exceeding one year and/or a fine not exceeding \$1000 pursuant to ss.873.012, or 775.082, or 775.083 Florida Statutes, I attest I have read the foregoing, and I am eligible to meet the standards of good character for foster care or adoptions.

Signature of Affiant

OR

To the best of my knowledge and belief, my record may contain one or more of the foregoing disqualifying acts of offenses.

Signature of Affiant

Sworn to and subscribed before me on this the _____ day of _____, _____

My Commission Expires

Notary Public, State Of Florida

My signature as a Notary Public, verifies the affiant's identification has been validated by
