



State of Florida
Department of Children and Families

Rick Scott
Governor

David E. Wilkins
Secretary

William S. D'Aiuto
Interim Regional Managing Director

Pick up date for rpt: _____ Unit _____

AFFIDAVIT OF UNDERSTANDING

I, _____ being the (relationship) _____

of _____, DOB: _____ accept the reports and related case
information on abuse report number(s) _____

*with the understanding that I am required by sections 39.202 and 39.205 Florida Statute,
to hold this information confidential. I understand that I may be guilty of a misdemeanor of
the second degree, punishable as provided in s.775.082 or s. 775.083 if I release the
information to anyone who is not allowed by law to see.*

Signature of person receiving report(s)

Date

Current address of person receiving report(s)

State of Florida
Marion County

Notary Public

Date

My Commission Expires: _____ Commission Number: _____

Produced ID: _____

Personally Known

Child Protective Investigations
1515 E. Silver Springs Blvd., Suite 114, Ocala, FL 34470-6831

Mission: Protect the Vulnerable, Promote Strong and Economically Self-Sufficient Families, and
Advance Personal and Family Recovery and Resiliency