

BATTERERS' INTERVENTION PROGRAM PROVIDERS AFFIDAVIT OF COMPLIANCE

I, {full legal name} _____ being sworn, certify that I continue to meet all of the qualifications to be a batterers' intervention program provider listed in section 741.325, Florida Statutes.

Full Name: (Print)		Program Name	
Business Address:		Email Address:	
		Phone:	

Signature Date

STATE OF FLORIDA
COUNTY OF _____

Sworn to or affirmed and signed before me on _____ by
_____.

NOTARY PUBLIC
(Print, type, or stamp commissioned name of notary)

___ Personally known
___ Produced identification Type of identification produced: _____

Remit annually, no later than June 30th, to:
Court Operations Manager
Eighth Judicial Circuit
201 E. University Ave., Suite 400
Gainesville, FL 32601
or via email to: phillipsd@circuit8.org