

AFFIDAVIT OF GOOD MORAL CHARACTER FOR PURPOSES RELEVANT  
TO CHAPTER 400, PART III, F. S.

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_

Before me this day personally appeared \_\_\_\_\_ who, being duly sworn,  
deposes and says:

As an applicant for employment with Behar Physical Therapy Services, Inc.,

I hereby attest to meeting the requirements for employment, that I am of good moral  
character, that I have not been found guilty, regardless of adjudication, of any of the  
following offenses:

1. A forcible felony as defined in chapter 776.
2. A violation of chapter 812, relating to theft, robbery, and related crimes.
3. A violation of chapter 817, relating to fraudulent practices.
4. A felony violation of chapter 893, relating to drug abuse prevention and control.
5. A violation of chapter 800, relating to lewdness and indecent exposure.
6. A violation of chapter 784, relating to assault, battery, and culpable negligence.
7. A violation of chapter 827, relating to child abuse.
8. A violation of chapter 415, relating to protection from abuse, neglect, and  
exploitation.

I further attest that I have not been judicially determined to have committed abuse or  
neglect against a child as defined in S.39.01(2) and (37), Florida Statutes; nor do I have  
a confirmed report of adult abuse, neglect or exploitation as defined in S.415.102(5) or  
child abuse or neglect as defined in S.415.503(5) which has been uncontested or upheld  
under the procedures of S.415.103 or S.415.504, Florida Statutes; nor have I committed an  
act which constitutes domestic violence as defined in S.741.30.

Under the penalties of perjury, I declare that I have read the foregoing, and the facts  
alleged are true to the best of my knowledge and belief.

\_\_\_\_\_  
AFFIANT

OR

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

\_\_\_\_\_  
AFFIANT

The foregoing instrument was acknowledged before me this \_\_\_\_ of \_\_\_\_\_, 20\_\_\_\_  
by \_\_\_\_\_ who has produced \_\_\_\_\_ as identification and  
who did take an oath.

\_\_\_\_\_  
NAME TYPED OR PRINTED

\_\_\_\_\_  
NOTARY PUBLIC  
STATE OF FLORIDA

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MY COMMISSION EXPIRES