

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)

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Program Name

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Business Address:

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Email Address:

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Phone:

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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:

Director of Court Services

Seventh Judicial Circuit

101 N. Alabama Ave., Suite B253

DeLand, FL 32724

or via email to: brinker@circuit7.org