

STATE OF FLORIDA

CASE NO. \_\_\_\_\_

VS.

DIVISION: \_\_\_\_\_

\_\_\_\_\_  
(Defendant; [printed name])

## FINGERPRINTS OF DEFENDANT *(13<sup>th</sup> Judicial Circuit)*

1. Right Thumb	2. Right Index	3. Right Middle	4. Right Ring	5. Right Little
6. Left Thumb	7. Left Index	8. Left Middle	9. Left Ring	10. Left Little

**\*\*\*\*\*TO BE COMPLETED BY LEO/PRINTING AGENCY\*\*\*\*\*** Date taken/form completed on \_\_\_\_/\_\_\_\_/\_\_\_\_

Fingerprints taken by: \_\_\_\_\_ Agency \_\_\_\_\_ PersID# \_\_\_\_\_  
*Printed Name*

Verified by:  # \_\_\_\_\_ or  # \_\_\_\_\_  
(DL/ID/Passport/Other Photo ID Type \_\_\_\_\_) (Booking #; [verified visually by photo])

**\*\*\*\*\*TO BE COMPLETED BY DEFENDANT\*\*\*\*\***

I, the Defendant named above, date of birth (*month*: \_\_\_\_\_ *day*: \_\_\_\_\_ *year* \_\_\_\_\_) hereby certify that these are my fingerprints taken on the above date by the above LEO/Printing Agency.

**Signature:** \_\_\_\_\_, on (*Date*) \_\_\_\_\_.

I HEREBY CERTIFY that the above and foregoing are the fingerprints of the Defendant named above, and that they were placed there by the Defendant (or were attested to by the Defendant) in my presence and/or in court.\*\*

DONE AND ORDERED in Hillsborough County, Florida, on (*date*: \_\_\_\_\_) by:

(Judicial Signature): \_\_\_\_\_

**\*\* This document and its associated procedures were created and instituted in lieu of the "presence" requirements of current F.S. 921.241, in furtherance of COVID-19 Mitigation Efforts in the administration and resolution of criminal justice matters.**