



# Twentieth Judicial Circuit Application Form for therapy animal or facility dog for proceeding involving a sexual offense or child abuse, abandonment, or neglect



**Name:** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_

**E-mail/Internet:** \_\_\_\_\_

**Telephone/Fax:** \_\_\_\_\_

**PURSUANT TO s.92.55(5), FLORIDA STATUTES, THE COURT MAY SET CONDITIONS WHEN TAKING TESTIMONY, INCLUDING THE USE OF A THERAPY ANIMAL OR FACILITY DOG THAT HAS BEEN TRAINED, EVALUATED, AND CERTIFIED AS A FACILITY DOG AND/OR CERTIFIED AS A THERAPY ANIMAL PURSUANT TO INDUSTRY STANDARDS BY AN ORGANIZATION THAT CERTIFIES ANIMALS AS APPROPRIATE TO PROVIDE ANIMAL THERAPY. THIS APPLICATION IS REQUIRED TO BE PLACED ON THE LIST OF APPROVED PROVIDERS WITHIN THE TWENTIETH JUDICIAL CIRCUIT.**

**I. Please read, complete, and initial the following:**

- \_\_\_\_\_ I have passed an industry-standard skills and aptitude test and evaluation by an organization that certifies teams as being qualified to provide animal assisted therapy. Certifying organization name: \_\_\_\_\_
- \_\_\_\_\_ I will remain current on all certifications and adhere to all policies of certifying organizations while within courthouses.
- \_\_\_\_\_ I confirm that all animal vaccinations are current and will remain current via annual examination by a veterinarian.
- \_\_\_\_\_ I affirm that therapy animals/facility dogs are properly registered and licensed in the State of Florida and the applicable counties.
- \_\_\_\_\_ I affirm the possession of liability insurance coverage of at least one million dollars (\$1,000,000) for all claims against injury, illness, and property damage resulting from therapy services offered by an therapy animal provider, and a rider naming the Administrative Office of the Courts/applicable counties (please provide copies of any current insurance certificates).
- \_\_\_\_\_ I confirm that, when within courthouses, animals will remain under full and constant control via physical restraint.
- \_\_\_\_\_ I affirm that the presence of animals and service beneficiaries will only be maintained if a neutral representative (judge, magistrate, guardian ad litem, et al.) is continuously present; professionalism and equanimity will be maintained at all times.
- \_\_\_\_\_ I confirm that animals will be groomed and healthy when entering courthouses.
- \_\_\_\_\_ I affirm that no mitigable exposure, as determined via reasonable inquiry, of animal allergens will occur in courthouses.
- \_\_\_\_\_ I agree that no animals will enter any cafeteria or eatery located within courthouses.
- \_\_\_\_\_ I confirm that animals are trained to avoid excreting inside courthouses; any deviation will be sanitized/deodorized.
- \_\_\_\_\_ I agree that animals will wear identifying garments while in courthouses and that certifying documentation will be presentable at all times to presiding judge or magistrate.
- \_\_\_\_\_ I affirm that any injury to any person or property, including any infliction of emotional distress, will be immediately reported to the presiding judge or magistrate (orally), to be followed by a corresponding AOC incident report (in writing).
- \_\_\_\_\_ I agree to submit to a background check.
- \_\_\_\_\_ I agree to provide and maintain an oath of confidentiality.
- \_\_\_\_\_ I agree to provide any known information regarding the age, breed, coloration and oral identifier of each therapy animal providing services, along with a full-color picture of each animal in the identifying garment to be wore.
- \_\_\_\_\_ I acknowledge that I have read, understand and agree to abide by the requirements of Administrative Order 2.38.
- \_\_\_\_\_ I agree to avoid any known conflicts of interest with all service beneficiaries and to immediately report even the appearance of a potential conflict of interest to the presiding judge or magistrate.
- \_\_\_\_\_ I will immediately inform the AOC (contact box below) of any of the following such future events: a) any change, even if temporary, in any certification compliance; b) address change; c) legal name change; d) change in contact information; e) any change in the status of a professional license; or f) any event changing the status of original background check.

**II. Indicate the Courthouses that you Agree to be Provide Services:**

Charlotte     
  Collier     
  Glades     
  Hendry     
  Lee

**III. Declaration:**

**I swear or affirm that the information supplied on this application and all documents provided are correct, that to the best of my knowledge I qualify as a provider of therapy animals/facility dogs as evaluated and registered according to national standards consistent with section 92.55(5), Florida Statutes. I am aware that any omissions, falsifications, misstatements, or misrepresentations above may disqualify me from providing service, and may be grounds for removal from the list at a later date. I agree to provide documents in accord with the above representations. I declare under penalties of perjury, under the laws of the State of Florida, that the statements and facts indicated in this application are true and correct.**

**Submit original to:**  
**Court Innovations (AOC)**  
**1700 Monroe Street**  
**Fort Myers, FL 33901**

Additionally, you may Fax or E-mail  
 copy to: Fax: (239) 533-1796  
 E-mail: efishbeck@ca.cjis20.org

\_\_\_\_\_  
 Personal Name of service provider

\_\_\_\_\_  
 Legal Name of provider

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

**TWENTIETH JUDICIAL CIRCUIT  
THERAPY DOG PROGRAM  
OATH OF CONFIDENTIALITY**

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I, \_\_\_\_\_ (print name of Handler), pursuant to Florida Law and the policies and procedures of the Twentieth Judicial Circuit of Florida, do hereby solemnly swear/affirm that I will maintain the confidentiality of all information, including but not limited to information pertaining to victim/witnesses and their families, whether written or verbal, received through the scope of my service as a handler in the Therapy Dog Program. I understand that all records and information pertaining to dependency matters are confidential pursuant to Chapter 39, Florida Statutes and applicable Federal Law.

I hereby do solemnly swear/affirm that I will not disclose to any person or entity any information or records connected with these cases.

I acknowledge that I have an on-going obligation to ensure that confidential information is not divulged to anyone not bound to respect this confidentiality and to ensure that such information is not for personal use, gain or revealed in any manner that might adversely affect the interests of the Twentieth Judicial Circuit of Florida.

\_\_\_\_\_  
Handler Signature

\_\_\_\_\_  
Date

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_,  
by \_\_\_\_\_, who is  
(please print name of Handler)

personally known to me OR  produced the following identification: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public-State of Florida

\_\_\_\_\_  
Name of Notary Typed, Printed, or Stamped