FORM B – 20th JUDICIAL CIRCUIT THERAPY DOG PROGRAM

ACKNOWLEDGEMENT OF TERMS & CONDITIONS FOR INDIVIDUAL HANDLERS

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (insert printed name of Handler) (hereinafter “Handler”), hereby

acknowledge that I have read, understand, and agree to the terms and conditions outlined in 20th Judicial Circuit Administrative Order 2.38.

* I agree to be bound by all terms and conditions as set forth in said Administrative Order.
* I understand that I am only permitted to bring my therapy animal/facility dog to the courthouse facilities when properly scheduled to appear for a proceeding or case related event in accordance with the procedures as set forth in 20th Judicial Circuit Administrative Order 2.38.
* I understand that any interaction between me and the therapy animal/facility dog must not be distracting to other individuals or court proceedings.
* I understand that interaction between the therapy animal/facility dog and court staff/personnel is to be discouraged by me.
* I have completed any and all therapy training and have passed a nationally recognized skills and aptitude test and evaluation by an organization that certifies the team as appropriate to provide animal assisted therapy.
* I affirm that my therapy animal/facility dog has been examined by a Florida veterinarian within the past year and all immunizations, including rabies vaccinations, are current.
* I affirm that my therapy animal/facility dog is properly registered/licensed in the State of Florida.
* I understand that my therapy animal/facility dog must be leashed/caged at all times and that I must be in control of the animal/dog and the leash/cage.
* I understand that I must refrain from all overt displays of emotion and making eye contact with the witness and/or victim during all court proceedings/testimony.
* I affirm that I am in compliance with my certifying organization’s policies regarding grooming and zoonotic disease/parasite control in attempts to reduce allergens and/or parasites.
* I will inquire if there are any known allergies or concerns prior to entering an elevator.
* I understand that I am prohibited from entering any cafeteria, deli, or eatery located in any courthouse facility with my therapy animal/facility dog.
* I will arrive with sufficient time prior to any scheduled court proceeding to exercise my therapy animal or facility dog to avoid any elimination issues and my therapy animal/facility dog is trained not to eliminate indoors. I will ensure that outdoor elimination will be cleaned up by the handler using proper disposal methods to control odors, etc.
* I understand that I as well as the therapy animal/therapy dog are subject to the same security screening measures as the public when entering a courthouse facility.
* I will ensure that any incidents are immediately reported to the presiding judge, Court Administration, and the Chief Judge of the 20th Judicial Circuit. I understand that a reportable incident includes injuries to a person or an animal; situations with a high potential that an injury could have occurred either to a person or an animal, even though no one was hurt at the time; and situations with a perception of an accident or injury, and damages to property, including animal elimination in a courthouse facility.
* I have completed a criminal background check and provided a copy of the same to the program coordinator in Court Administration.
* I will immediately report to the program Coordinator in Court Administration any incident that may change the status of my background check, including but not limited to any arrest, conviction, or other incident involving law enforcement.
* I have received, acknowledged, and signed the 20th Judicial Circuit’s Oath of Confidentiality.
* I will carry and produce my certifying organization identification card and an identification card bearing the association or employment with the approved provider and shall produce the same upon request by any court official including but not limited to courthouse security and Sheriff’s Office deputies.
* I understand that my therapy animal or facility dog must wear a dog therapy vest, neckerchief, or other identifying garment at all times while in the courthouse facilities.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Handler’s Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Handler’s Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip Code

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Handler’s Driver’s License No./State ID Card No.

STATE OF FLORIDA

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

The foregoing instrument was sworn and subscribed before me this \_\_\_\_\_\_ day of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_, by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of handler).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Notary Public – State of Florida

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Notary Public – Typed, Printed, or Stamped

Personally Known \_\_\_\_\_\_ or Produced Identification \_\_\_\_\_

Type of Identification Produced:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_