## FINGERPRINTS OF DEFENDANT

Case Number: \_\_\_\_\_ State of Florida vs. \_\_\_\_\_

AKA: \_\_\_\_\_

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

\*Notate in the <u>appropriate finger blocks</u> if defendant is missing one or more fingers. If not missing, all ten impressions must be provided with deformities notated.

I hereby certify that the above and foregoing fingerprints are the fingerprints of the defendant,

\_\_\_\_\_, and that they were placed thereon by said defendant in my presence on this

\_\_\_\_\_ day of \_\_\_\_\_\_, 20\_\_\_\_\_.

By: \_\_\_\_\_\_ (print name of deputy taking prints)

Deputy Signature: \_\_\_\_\_\_ (signature of deputy)

Or

Done and Ordered in open court in Lee County, Florida, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_,

Judge