

Date: _____

TO: _____
(LICENSEE NAME) (FACILITY NUMBER)

(ADDRESS)

CONFIRMATION OF REMOVAL FOR: _____

This is to confirm that the county licensing agency informed you that the person identified above must be removed from your facility/home. The individual must be removed because :

- he/she has been convicted of a crime for which an exemption cannot be granted.
- the nature of his/her criminal record information received from the Department of Justice. *(If you wish to have the individual return to your facility/home, the individual must have a criminal record exemption. To request an exemption on the individual's behalf, you must submit the information outlined in the Immediate Action Required letter sent to you.)*
- his/her criminal record exemption has been denied.
- his/her criminal record exemption has been rescinded.
- he/she was issued an Order of Exclusion.

To confirm that the individual has been removed from your facility/home, you must sign below and return the entire notice, **by** _____ to the address below. Retain a copy of the signed notice for your records.

Licensing Office: _____

Address: _____

City/State/Zip: _____

Failure to immediately remove the individual and return this notice by the date indicated above will result in an assessment of civil penalties and/or a disciplinary action including suspension of your license. If you have any questions regarding this letter, you may contact this office at _____.

I declare under penalty of perjury under the laws of the State of California that I have read and understand the information contained in this affidavit and that my responses are true and correct. I confirm that the individual named above has been removed from the facility/home.

DATE INDIVIDUAL WAS REMOVED: _____

NAME OF PERSON COMPLETING THIS FORM: _____

TITLE: _____

SIGNATURE: _____

C: _____