

**FIFTH JUDICIAL CIRCUIT
CERTIFIED PROCESS SERVER APPLICATION**

PERSONAL DATA

NAME _____
Last First Initial
ADDRESS _____
Number and Street City State Zip

MAILING ADDRESS _____
P.O. Box City State Zip

TELEPHONE (B) _____ (H) _____
Request posting of mailing address and business phone number on the certified
process server web page. Yes _____ No _____

SOCIAL SECURITY NUMBER _____

CITIZENSHIP _____

IF ALIEN, check which type of work authorization you have:

_____ Alien Registration Form I-151

_____ Refugee Status Form I-94

File Number of Form _____

If NATURALIZED, record the following forms of identification:

Naturalization Certificate Number _____

U.S. Passport Number _____

Voter's Registration Number _____

ARE YOU 18 OR MORE YEARS OLD? _____

DATE OF BIRTH _____

DO YOU HAVE ANY MENTAL OR LEGAL DISABILITIES? _____

If so list: _____

ARE YOU A PERMANENT FLORIDA RESIDENT? _____

HAVE YOU EVER BEEN A MEMBER OF THE U.S. ARMED SERVICES?

YES _____ NO _____

Type of discharge: HONORABLE _____ GENERAL _____ OTHER _____

If other, explain: _____

RESIDENCY DATA

PLEASE LIST YOUR RESIDENCES FOR THE PAST FIVE YEARS IN REVERSE CHRONOLOGICAL ORDER.

Number & Street	City	State	Zip
Number & Street	City	State	Zip
Number & Street	City	State	Zip
Number & Street	City	State	Zip
Number & Street	City	State	Zip

EDUCATIONAL DATA

PLEASE LIST THE SCHOOLS WHICH YOU ATTENDED IN CHRONOLOGICAL ORDER BEGINNING WITH HIGH SCHOOL.

School Level	Name
Number & Street	City Zip
Dates Attended	Graduate Y/N Major Degree
School Level	Name
Number & Street	City Zip
Dates Attended	Graduate Y/N Major Degree
School Level	Name
Number & Street	City Zip
Dates Attended	Graduate Y/N Major Degree

EMPLOYMENT DATA

PLEASE LIST YOUR THREE MOST RECENT EMPLOYERS IN REVERSE
CHRONOLOGICAL ORDER

Employer

Number & Street**City****Zip**

Dates Employed**Position**

Employer

Number & Street**City****Zip**

Dates Employed**Position**

Employer

Number & Street**City****Zip**

Dates Employed**Position****OCCUPATIONAL / PROFESSIONAL LICENSES OR CERTIFICATES**

TYPE**NUMBER**

DATE OBTAINED**RENEWAL DATE**

TYPE**NUMBER**

DATE OBTAINED**RENEWAL DATE****DRIVER'S OR CHAUFFEUR'S LICENSE****Type** _____**Number** _____**State** _____**Expiration** _____

BACKGROUND INFORMATION

PERSONAL DATA

CITIZENSHIP _____

BIRTH DATE _____

BIRTH PLACE _____

RACE _____ HEIGHT _____ WEIGHT _____

HAIR COLOR _____ EYE COLOR _____

DO YOU HAVE ANY IDENTIFYING MARKS? _____ IF SO, PLEASE LIST THE
TYPE OF MARK AND ITS LOCATION _____

CRIMINAL HISTORY

PLEASE LIST ANY OFFENSE FOR WHICH YOU HAVE BEEN CONVICTED, OR
ANY CHARGE AGAINST YOU CURRENTLY.

Offense	County	State	Date
---------	--------	-------	------

Offense	County	State	Date
---------	--------	-------	------

Offense	County	State	Date
---------	--------	-------	------

Offense	County	State	Date
---------	--------	-------	------

Offense	County	State	Date
---------	--------	-------	------

Offense	County	State	Date
---------	--------	-------	------

I HEREBY CERTIFY that all information provided on this application is true, including any information implied by omission. I understand that any misinformation supplied herein shall result in an immediate forfeiture of any opportunity to become or remain a certified process server in the Fifth Judicial Circuit.

Signature

Date

FIFTH JUDICIAL CIRCUIT
CERTIFIED PROCESS SERVER

CERTIFICATE OF GOOD CONDUCT

STATE OF FLORIDA
COUNTY OF _____

Before me this day personally appeared _____ who, being first
duly sworn, deposes and says:

1. There is no criminal case pending against him/her.
2. There is no record of any felony conviction against him/her.
3. There is no record of a conviction of a misdemeanor involving moral turpitude or
dishonesty against him/her within the past 5 years.

Signature

Subscribed and sworn to before me this _____ day of _____,
Personally known _____ or produced identification _____ type of identification
produced _____.

Notary Public

STATE OF FLORIDA
COUNTY OF _____

OATH OF OFFICE OF CERTIFIED PROCESS SERVER

I, _____, a citizen of the state of Florida and the United States of
America, being appointed a certified process server within the jurisdiction of the Fifth
Judicial Circuit of the state of Florida, do hereby solemnly swear or affirm that I will support
the constitution of the United States and of the state of Florida, and that I will faithfully
execute my duties as certified process server pursuant to the provisions of §48, Florida
Statutes.

Florida Drivers License Number

Signature

Subscribed and sworn to before me this _____ day of _____
Personally known _____ or produced identification _____ type of identification
produced _____.

Notary Public

PROCESS SERVER'S BOND

Bond No. _____

KNOW ALL MEN BY THESE PRESENTS:

That we, _____, as principal, and _____ a corporation duly licensed for the purpose of making, guaranteeing or becoming a sole surety upon bonds, or undertakings, required by the laws of the state of Florida, as Surety are held and firmly bound unto the State of Florida, Fifth Judicial Circuit, in the sum of \$5,000, lawful money of the United States of America, for the payment whereof well and truly to be made, we bind ourselves, our heirs, executors, successors and assigns, jointly and severally, firmly by these presents.

THE CONDITION OF THE FOREGOING OBLIGATION IS SUCH, THAT

WHEREAS, if the above bounded principal shall well, truly and faithfully comply with the provisions of statutes in the State of Florida, then this obligation shall be null and void, otherwise to remain in full force and effect.

The surety hereunder may relieve itself from liability to the extent and in the manner set forth in the provisions of the statutes governing the termination by the surety of liability under the bond provided; however, that in no event shall it be relieved from liability as respects transactions occurring before the date of termination.

If the surety shall so elect this bond may be canceled by giving 30 days written notice to obligee.

This bond shall be in effect from _____ and expires on _____

Signed and sealed this _____ day of _____, _____

Principal (print or type name)

Name of Surety

By: _____
Signature of Principal

Attorney in fact

Address of Surety

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Number and Street City State Zip

MAILING ADDRESS _____
P.O. Box City State Zip
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HAVE YOU EVER BEEN A MEMBER OF THE U.S. ARMED SERVICES?

YES _____ NO _____

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Dates Employed**Position**

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TYPE**NUMBER**

DATE OBTAINED**RENEWAL DATE**

TYPE**NUMBER**

DATE OBTAINED**RENEWAL DATE****DRIVER'S OR CHAUFFEUR'S LICENSE**

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BIRTH DATE _____

BIRTH PLACE _____

RACE _____ HEIGHT _____ WEIGHT _____

HAIR COLOR _____ EYE COLOR _____

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PLEASE LIST ANY OFFENSE FOR WHICH YOU HAVE BEEN CONVICTED, OR
ANY CHARGE AGAINST YOU CURRENTLY.

Offense	County	State	Date
Offense	County	State	Date
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I HEREBY CERTIFY that all information provided on this application is true, including any information implied by omission. I understand that any misinformation supplied herein shall result in an immediate forfeiture of any opportunity to become or remain a certified process server in the Fifth Judicial Circuit.

Signature

Date

FIFTH JUDICIAL CIRCUIT
CERTIFIED PROCESS SERVER

CERTIFICATE OF GOOD CONDUCT

STATE OF FLORIDA
COUNTY OF _____

Before me this day personally appeared _____ who, being first
duly sworn, deposes and says:

1. There is no criminal case pending against him/her.
2. There is no record of any felony conviction against him/her.
3. There is no record of a conviction of a misdemeanor involving moral turpitude or
dishonesty against him/her within the past 5 years.

Signature

Subscribed and sworn to before me this _____ day of _____,
Personally known _____ or produced identification _____ type of identification
produced _____.

Notary Public

STATE OF FLORIDA
COUNTY OF _____

OATH OF OFFICE OF CERTIFIED PROCESS SERVER

I, _____, a citizen of the state of Florida and the United States of
America, being appointed a certified process server within the jurisdiction of the Fifth
Judicial Circuit of the state of Florida, do hereby solemnly swear or affirm that I will support
the constitution of the United States and of the state of Florida, and that I will faithfully
execute my duties as certified process server pursuant to the provisions of §48, Florida
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THE CONDITION OF THE FOREGOING OBLIGATION IS SUCH, THAT

WHEREAS, if the above bounded principal shall well, truly and faithfully comply with the provisions of statutes in the State of Florida, then this obligation shall be null and void, otherwise to remain in full force and effect.

The surety hereunder may relieve itself from liability to the extent and in the manner set forth in the provisions of the statutes governing the termination by the surety of liability under the bond provided; however, that in no event shall it be relieved from liability as respects transactions occurring before the date of termination.

If the surety shall so elect this bond may be canceled by giving 30 days written notice to obligee.

This bond shall be in effect from _____ and expires on _____

Signed and sealed this _____ day of _____, _____

Principal (print or type name)

Name of Surety

By: _____
Signature of Principal

Attorney in fact

Address of Surety

AFFIDAVIT OF SERVICE

STATE OF FLORIDA COUNTY OF _____ COURT _____

Plaintiff

CASE NUMBER: _____

vs.

Defendant

Before me, the undersigned authority, personally appeared _____
being first duly sworn, deposes and says:

1. Affiant is not a party to nor interested in the outcome of the above case and is over the age of 18 years.
2. Affiant received the attached _____
3. Affiant personally served same upon _____
who was then at _____
on _____ And _____ M.
4. I have been properly certified as a process server by Administrative Order 2008-21-A and am currently certified to serve process pursuant to the provisions of the order.

_____ INDIVIDUAL SERVICE: By delivering to the within named person a true copy of the process, with the date and hour of service endorsed by me. At the same time, I delivered to the within named person a copy of the complaint, petition, or other initial pleading or paper.

_____ SUBSTITUTE SERVICE: By leaving a true copy of this process, with the date and hour of service endorsed thereon by me, and a copy of the complaint, petition, or other initial pleading or paper, at the within named person's place of abode with any person residing therein who is 15 years of age or older and informing the person of the contents.

Name

Relationship

____ CORPORATE SERVICE: By delivering a true copy of this process with the date and hour of service endorsed thereon by me and a copy of the complaint, petition, or other initial pleading or paper to:

Name: _____ Title _____

Corporate Name _____ As president, vice-president, or other head of the corporation; or in their absence, the cashier, treasurer, secretary, or general manager; or in their absence, any officer or business agent residing in the state; or the resident agent; or and employee at the corporation's place of business due to failure of the registered agent to comply with §48.091 and informing them of their contents.

____ POSTED RESIDENTIAL: By attaching a copy of this process, together with a copy of any attachments, to a conspicuous place on the property described within. Neither the tenant(s) nor a resident 15 years of age or older could be found at the tenant(s) usual place of residence, after 2 attempts at least 6 hours apart.

____ OTHER: By delivering a true copy of this process, with any attachments provided, to _____ as _____

____ NON-SERVICE: And hereby return same unserved on _____ for the reason that after diligent search and inquiry, the within named could not be found in _____ County, Florida.

Affiant

Address

Sworn to and subscribed before me this _____ day of _____
by affiant who is personally known to me or produced identification. Type of
identification produced _____

Notary Public