

5TH JUDICIAL CIRCUIT CERTIFIED PROCESS SERVER CHECKLIST

COMPLETE APPLICATION PACKETS ARE **REQUIRED** TO ENSURE YOUR RESERVATION FOR THE CLASS SELECTED

NAME: _____

EMAIL ADDRESS: _____

DATES OF CLASS: _____

- APPLICATION COMPLETE
- CHECK PAYABLE TO TRAINING INCLUDED FOR \$155.00
- CERTIFICATE OF GOOD CONDUCT AND OATH INCLUDED
- CHECK PAYABLE TO THE STATE OF FLORIDA INCLUDED FOR \$250.00
- FINGERPRINT SCHEDULED AND/OR COMPLETE

Fifth Judicial Circuit Process Server Application

Date: _____

Name: _____

Address: _____

Phone #: _____ Email Address: _____

Please list below the contact information you would like published on the registry. If you prefer to keep your contact information confidential, please select the following box: N/A

Please note, some gated communities will not allow entry if your name is not published on the registry.

First Name: _____ Last Name: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email Address: _____

Are you currently working in another circuit? If so, name which circuit: _____

YES NO

- Are you eighteen (18) years of age or older?
- Do you have any mental or legal disabilities?
- Are you a permanent Florida resident?
- Has your driver's license ever been suspended or revoked?
- Have you ever been arrested for a felony or first-degree misdemeanor?

Education:	(Highest Grade Completed)	High School Diploma	GED
High School Name:		Location:	
College or University:		Location:	
Degrees Attained:			
Additional Training:			

EMPLOYMENT HISTORY: JOB HISTORY FOR THE LAST 5 YEARS (MOST CURRENT FIRST):

Job Title:	Supervisor:	Dates Employed:
Company:	Address:	Phone:
Job Description:		
Reason for leaving:		

Job Title:	Supervisor:	Dates Employed:
Company:	Address:	Phone:
Job Description:		
Reason for leaving:		

Job Title:	Supervisor:	Dates Employed:
Company:	Address:	Phone:
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Company:	Address:	Phone:
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Job Title:	Supervisor:	Dates Employed:
Company:	Address:	Phone:
Job Description:		
Reason for leaving:		

I SWEAR OR AFFIRM THAT I WILL WELL AND FAITHFULLY DISCHARGE THE DUTIES IMPOSED UPON ME AS A CERTIFIED CIVIL PROCESS SERVER IN ACCORDANCE WITH ADMINISTRATIVE A-2008-21-B AND WILL ABIDE BY, AND EFFECT SERVICE OF PROCESS, IN ACCORDANCE WITH, THE APPLICABLE FLORIDA STATUTES AND RULES OF COURT.

I UNDERSTAND AND AGREE THAT AS A CERTIFIED CIVIL PROCESS SERVER, I WILL POST WITH THE ADMINISTRATIVE OFFICE OF THE COURTS, A BOND IN THE AMOUNT OF \$5,000.00 IN CASH OR WITH SURETIES APPROVED BY THE COURT FOR THE BENEFIT OF ANY PERSONS INJURED BY ME AS A RESULT OF ANY WRONGFUL ACT OR OMISSION RELATING TO MY ACTIVITIES AS A CERTIFIED CIVIL PROCESS SERVER.

I UNDERSTAND AND AGREE THAT AS AN APPLICANT FOR THE STATUS OF CERTIFIED CIVIL PROCESS SERVER, A FELONY BACKGROUND INVESTIGATION WILL BE PERFORMED TO ASSURE MY ELIGIBILITY FOR CERTIFICATION.

SIGNATURE OF APPLICANT

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 Driver's License Number

Signature

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

Notary Public