INSTRUCTIONS FOR AFFIDAVIT OF DILIGENT SEARCH AND INQUIRY

When should this form be used?

This form is to be used to obtain constructive service (also called service by publication) in a civil case.

This form includes a checklist of places you can look for information on the location of the defendant in your case. While you do not have to look in all of these places, the court must believe that you have made a very serious effort to get information about the defendant's location and that you have followed up on any information you received.

This form should be typed or printed in black ink. After completing this form, you should sign the form before a notary public or deputy clerk. You should file the original with the clerk of the circuit court and you should keep a copy for your records.

IN THE CIRCUIT COURT OF THE THIRTEENTH JUDICIAL CIRCUIT IN AND FOR HILLSBOROUGH COUNTY, FLORIDA PROBATE, TRUST AND GUARDIANSHIP DIVISION

		Case No.:
	Plaintiff(s),	Division: A
v.		
	Defendant(s).	
	AFFIDAVIT OF DILIGE	NT SEARCH AND INQUIRY
	I, {full legal name}	, being sworn, certify
that tl	he following information is true:	
1.	{full legal name}	discover the name and current residence of Defendant Refer to checklist below onal information included such as the date the
		nom you spoke is helpful) (attach additional sheet if
[√al]	I that apply]	
[, 41.		Freedom of Information Act for current address or any
	relocations.	or unit
		luding name and address of employer. You should
	A ¥	orms were mailed, and, if a pension or profit-sharing
		any pension or plan payment is and/or has been
	mailed.	tany pension of plan payment is und of has been
		orked or that governed particular trade or craft.
	Regulatory agencies, including professiona	
		acts with those relatives, and inquiry as to Defendant's
		ny leads of any addresses where Defendant may have
		red to: parents, brothers, sisters, aunts, uncles, cousins,
		parents, former in-laws, stepparents, stepchildren.
		e death and, if dead, the date and location of the death.
	Telephone listings in the last known location	
		other Internet people finder or the library checked for
	me.	other internet people finder of the normy encercu for
		cords in the last known residential area of Defendant.
	Highway Patrol records in the state of Defe	
	Department of Motor Vehicle records in the	
	Department of Corrections records in the st	
	-	ency records in the state of Defendant's last known
	address.	125 125745 III ale state of Determant 5 last known
	Hospitals in the last known area of Defenda	ant's residence.
	-	wer, cable TV, and electric, in the last known area of
	Defendant's residence.	, <u> , ,</u>

information about Defendant.	the U.S. and their response as to whether or not there is any
	tor's Office in the area where Defendant last resided.
Other: {explain}	
. The age of Defendant is [$$ one	e only] () known {enter age} or () unknown.
. Defendant's current residence	e
one only]	
	ce is unknown to me. ce is in some state or country other than Florida, and Defendant's
days prior to the date of this aff	lence in Florida, has been absent from Florida for more than 60 fidavit, or conceals him(her)self so that process cannot be served I believe there is no person in the state upon whom service of or concealed Defendant.
I understand that I am swear	ing or affirming under oath to the truthfulness of the claims
	nishment for knowingly making a false statement includes
ines and/or imprisonment.	
notod.	
ated:	Signature of Plaintiff
	Printed Name:
	Address:
	City, State, Zip: Telephone Number:
	relephone rumber:
	Fax Number:
TATE OF ELODIDA	Fax Number:
	Fax Number:
	Fax Number:
COUNTY OF	Fax Number: by
COUNTY OF	Fax Number:
COUNTY OF	Fax Number:
COUNTY OF	Fax Number:
COUNTY OF	me on by NOTARY PUBLIC or DEPUTY CLERK
COUNTY OF	me on by NOTARY PUBLIC or DEPUTY CLERK [Print, type, or stamp commissioned name of notary or
COUNTY OF worn to or affirmed and signed before	me on by NOTARY PUBLIC or DEPUTY CLERK
TATE OF FLORIDA COUNTY OF worn to or affirmed and signed before Personally known Produced identification	me on by NOTARY PUBLIC or DEPUTY CLERK [Print, type, or stamp commissioned name of notary or

IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE				
BLANKS BELOW: [fill in all blanks]				
I, {full legal name and trade name of nonlawyer} _	,			
a nonlawyer, located at {street}	, {city}			
[state], {phone} who is the plaintiff, fill out this form.	, helped {name},			