

INSTRUCTIONS FOR NONMILITARY AFFIDAVIT

When should this form be used?

You should use this form when ALL of the following statements are true:

- The defendant in your case has been served, whether by personal service or constructive service.
- The defendant in your case has not responded to your complaint or petition.
- You are requesting that the court enter a default judgment against the defendant.
- You absolutely know for certain that the defendant is not in the military service.

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 must file the original of this form with the clerk of the circuit court when you file your Motion for Default. You must also attach copies of all verifications of nonmilitary service that you received from each branch of the United States' military service. You should keep a copy for your records.

IN THE CIRCUIT COURT OF THE THIRTEENTH JUDICIAL CIRCUIT
IN AND FOR HILLSBOROUGH COUNTY, FLORIDA
GENERAL CIVIL DIVISION

Plaintiff(s),
v.

Defendant(s).

Case No.: _____
Division: _____

NONMILITARY AFFIDAVIT

I, *{full legal name}* _____, being sworn, certify that the following information is true [all that apply]:

- ____ 1. I know of my own personal knowledge that Defendant *{full legal name}* _____ is not on active duty in the armed services of the United States.
- ____ 2. I have inquired of the armed services of the United States and the U.S. Public Health Service to determine whether the Defendant is a member of the armed services and am attaching certificates stating that Defendant is not now in the armed services.

I understand that I am swearing or affirming under oath to the truthfulness of the claims made in this affidavit and that the punishment for knowingly making a false statement includes fines and/or imprisonment.

Dated: _____

Signature of Plaintiff
Printed Name: _____
Address: _____
City, State, Zip: _____
Telephone Number: _____
Fax Number: _____

STATE OF FLORIDA
COUNTY OF _____

Sworn to or affirmed and signed before me on _____ by _____.

NOTARY PUBLIC or DEPUTY CLERK

[Print, type, or stamp commissioned name of notary or clerk.]

- ____ Personally known
____ Produced identification
Type of identification produced: _____

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}* _____, helped *{name}* _____,
who is the plaintiff, fill out this form.