

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

Plaintiff(s),

Case No.: _____

Division: A

v.

Defendant(s).

AFFIDAVIT OF DILIGENT SEARCH AND INQUIRY

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

1. I have made diligent search and inquiry to discover the name and current residence of Defendant *{full legal name}* _____. **Refer to checklist below and identify all actions taken (any additional information included such as the date the action was taken and the person with whom you spoke is helpful) (attach additional sheet if necessary):**

[all that apply]

- United States Post Office inquiry through Freedom of Information Act for current address or any relocations.
- Last known employment of Defendant, including name and address of employer. You should also ask for any addresses to which W-2 Forms were mailed, and, if a pension or profit-sharing plan exists, then for any addresses to which any pension or plan payment is and/or has been mailed.
- Unions from which Defendant may have worked or that governed particular trade or craft.
- Regulatory agencies, including professional or occupational licensing.
- Names and addresses of relatives and contacts with those relatives, and inquiry as to Defendant's last known address. You are to follow up any leads of any addresses where Defendant may have moved. Relatives include, but are not limited to: parents, brothers, sisters, aunts, uncles, cousins, nieces, nephews, grandparents, great-grandparents, former in-laws, stepparents, stepchildren.
- Information about the Defendant's possible death and, if dead, the date and location of the death.
- Telephone listings in the last known locations of Defendant's residence.
- Internet at <http://www.switchboard.com> or other Internet people finder or the library checked for me.
- Law enforcement arrest and/or criminal records in the last known residential area of Defendant.
- Highway Patrol records in the state of Defendant's last known address.
- Department of Motor Vehicle records in the state of Defendant's last known address.
- Department of Corrections records in the state of Defendant's last known address.
- Title IV-D (child support enforcement) agency records in the state of Defendant's last known address.
- Hospitals in the last known area of Defendant's residence.
- Utility companies, which include water, sewer, cable TV, and electric, in the last known area of Defendant's residence.

____ Letters to the Armed Forces of the U.S. and their response as to whether or not there is any information about Defendant.
____ Tax Assessor's and Tax Collector's Office in the area where Defendant last resided.
____ Other: {explain} _____

2. The age of Defendant is [**one** only] () known {enter age} _____ **or** () unknown.

3. **Defendant's current residence**

[**one** only]

- ____ a. Defendant's current residence is unknown to me.
____ b. Defendant's current residence is in some state or country other than Florida, and Defendant's last known address is: _____
____ c. The Defendant, having residence in Florida, has been absent from Florida for more than 60 days prior to the date of this affidavit, or conceals him(her)self so that process cannot be served personally upon him or her, and I believe there is no person in the state upon whom service of process would bind this absent or concealed Defendant.

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.