Brandon Patty
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INSTRUCTIONS FOR AFFIDAVIT OF MILITARY SERVICE

When should this form be used?

An Affidavit of Military Service is required in every case where the Defendant has not filed an answer or appearance. The purpose is to protect the men and women serving in the U.S. military from having a court judgment entered against them without first receiving notice of the lawsuit and a chance to defend the case.

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

- The other person in your case has been served, whether by **personal service** or **constructive service**.

- The other person in your case has not responded to your complaint.

- You are requesting that the court enter a default judgment against the other person.

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 COUNTY COURT, SEVENTH JUDICIAL CIRCUIT, IN AND FOR ST. JOHNS COUNTY, FLORIDA

CASE NO.:

DIVISION:

_____

Plaintiff(s),

vs.

_____

Defendant(s),

AFFIDAVIT OF MILITARY SERVICE

I, [full legal name]_____, am the Plaintiff in this case. To support my application for a default judgment and to comply with the Service members Civil Relief Act (SCRA) (formerly known as Soldiers' and Sailors' Civil Relief Act of 1940), I swear or affirm that the following information is true:
[Please choose only one]

1. _____ I know of my own personal knowledge that the Defendant **IS** on active duty in the military service of the United States.

2. _____ I know of my own personal knowledge that Defendant **IS NOT** now on active duty in the military service of the United States, nor has the Defendant been on active military service of the United States within a period of thirty (30) days immediately before this date. "Active Service" includes reserve members of the Army, Navy, Air Force, Coast Guard, and Marines who have been ordered to report for active duty and members of the Florida National Guard who have been ordered to report to active duty for a period of more than thirty (30) days.

3. _____ I have contacted the military services of the United States and the U.S. Public Health Service and have obtained certificates showing that the Defendant is not on active duty status. These certificates are attached.

4. _____ I have attempted to determine the military status of the Defendant, but do not have sufficient information. This is what I have done to determine whether or not Defendant is on active duty in the United States military:

_____

_____

_____

_____

I have no reason to believe that s/he is on active duty at this time.

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: _____
                                     Designated E-mail Address(es):_____

                                     _____

STATE OF FLORIDA
COUNTY OF ST. JOHNS

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:
This form was prepared for the Plaintiff.
This form was completed with the assistance of:
{name of individual} _____,
*{name of business}*_____,
*{address}*_____,
*{city}*_____,*{state}*_____, *{zip code}*_____,*{telephone number}*_____.