

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

CASE NO.: \_\_\_\_\_  
DIVISION: \_\_\_\_\_

\_\_\_\_\_  
Plaintiff/Petitioner/State,  
v.  
\_\_\_\_\_  
Defendant/Respondent.

REQUEST TO BE EXCUSED FROM E-MAIL SERVICE FOR PARTY NOT REPRESENTED BY ATTORNEY

\_\_\_\_\_ requests to be excused pursuant to Fla. R. Gen. Prac. & Jud. Admin. 2.516(b)(1)(D) from the requirements of e-mail service because I am not represented by an attorney and:

- I do not have an e-mail account.
- I do not have regular access to the internet.

By choosing not to receive documents by e-mail service, I understand that I will receive all copies of notices, orders, judgments, motions, pleadings, or other written communications by delivery or mail at the following address:

\_\_\_\_\_  
\_\_\_\_\_

I understand that I must keep the clerk’s office and the opposing party or parties notified of my current mailing address.

Pursuant to section 92.525, Florida Statutes, under penalties of perjury, I declare that I have read the foregoing request and that the facts stated in it are true.

CERTIFICATE OF SERVICE

I certify that a copy hereof has been furnished to the clerk of court for St. Johns County and \_\_\_\_\_ by  mail  delivery on \_\_\_\_\_.

Dated: \_\_\_\_\_.

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
E-mail address: \_\_\_\_\_

CLERK'S DETERMINATION

Based on the information provided in this request, I have determined that the applicant is  excused or  not excused from the e-mail service requirements of Fla. R. Gen. Prac. & Jud. Admin. 2.516(b)(1)(C).

Dated: \_\_\_\_\_ Signature of Clerk: \_\_\_\_\_

**A PERSON WHO IS NOT EXCUSED MAY SEEK REVIEW BY A JUDGE BY REQUESTING A HEARING TIME.**

Sign here if you want the Judge to review the clerk's determination that you are not excused from the e-mail service requirements. You do not waive or give up any right to judicial review of the clerk's determination by not signing this part of the form:

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_