



APPLICATION FOR CERTIFIED CIVIL PROCESS SERVER
FIRST JUDICIAL CIRCUIT OF FLORIDA

NAME:

Last Name

First Name

Middle Name

PLEASE PLACE A CHECK NEXT TO THE INFORMATION TO INDICATE WHAT WILL BE ADDED TO THE PUBLIC LIST

HOME

ADDRESS:

Street Address

City

State

Zip

BUSINESS

ADDRESS:

Street Address

City

State

Zip

CONTACT INFORMATION:

HOME: () _____

WORK: () _____

CELL: () _____

EMAIL: _____

PERSONAL INFORMATION:

SOCIAL SECURITY: _____ - _____ - _____

SEX: MALE _____

BIRTH DATE: _____ - _____ - _____

FEMALE _____

RACE: _____

WHO WILL YOU BE EMPLOYED BY TO SERVE FOR?

NAME: _____ PHONE: (____) _____

ADDRESS: _____

NAME: _____ PHONE: (____) _____

ADDRESS: _____

NAME: _____ PHONE: (____) _____

ADDRESS: _____

ARE YOU A CITIZEN OF THE UNITED STATES? YES ____ NO ____

IF ALIEN, WHICH TYPE OF WORK AUTHORIZATION DO YOU HAVE:

____ ALIEN REGISTRATION FORM I-151 ____ REFUGEE STATUS FORM I-94

DRIVERS LICENSE #: _____ STATE: _____

DATE OF ISSUE: _____ - _____ - _____ EXPIRES: _____ - _____ - _____

HIGHEST LEVEL OF EDUCATION:

____ HIGH SCHOOL EQUIVALENT ____ 2-YEAR COLLEGE

____ HIGH SCHOOL DIPLOMA ____ 4-YEAR COLLEGE

____ SOME COLLEGE ____ GRAD SCHOOL

LIST ANY OCCUPATIONAL/PROFESSIONAL LICENSES OR CERTIFICATES:

CRIMINAL HISTORY:

HAVE YOU EVER BEEN CONVICTED OF A FELONY?

YES ____ NO ____

HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR?

YES ____ NO ____

DO YOU HAVE ANY PENDING CRIMINAL ACTIONS AGAINST YOU?

YES ____ NO ____

IF YES TO ANY OF THE ABOVE, PLEASE EXPLAIN: _____

CERTIFIED PROCESS SERVER AGREEMENT

Under penalty of perjury, I swear (or affirm) that I will honestly, diligently and faithfully exercise the duties imposed upon me as a Certified Process Server in accordance with Chapter 48, Florida Statutes and the Orders of this Court and will abide by and effect service of process in accordance with the applicable Florida Statutes and Rules and Orders of this Court and that the information provided herein is true and correct.

Upon notification that I have successfully completed the examination, I agree to execute a bond in the amount of \$5,000.00 with a surety company authorized to do business in this state for the benefit of any person wrongfully injured by any malfeasance, misfeasance, neglect of duty, or incompetence on my part in connection with any duties as a process server. Furthermore, I agree to renew such a bond annually.

I hereby submit to a background investigation, which shall include the right to obtain and review any criminal record I may have. I hereby authorize the use of the information given above to assist in such investigation. I agree that my certification as a Certified Process Server may be revoked at any time if there is a material misrepresentation made in this application.

I further agree to be bound by Administrative Order 2009-69.

Date

Signature of Applicant

STATE OF FLORIDA
COUNTY OF _____

BEFORE ME, an officer duly authorized to administer oaths, personally appeared _____, who first being duly sworn, deposes and says that he/she is the person described in and who executed the foregoing application, that he/she has read the same and the things and matters therein contained are true and correct to the best of his/her knowledge and belief. He/She is personally known to me or has presented _____ (type of identification) as identification.

WITNESS my hand and official seal this the _____ day of _____, 20_____.

Signature: _____

Print Name: _____

Title: Notary Public

