

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} _____.