

# INSTRUCTIONS FOR FLORIDA SUPREME COURT APPROVED FAMILY LAW FORM 12.912(b), AFFIDAVIT OF MILITARY SERVICE (12/10)

## When should this form be used?

An Affidavit of Military Service is required in every case where the Respondent 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 petition.
- 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**, Florida Supreme Court Approved Family Law Form 12.922(a). 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.

### Special notes...

Remember, a person who is NOT an attorney is called a nonlawyer. If a nonlawyer helps you fill out these forms, that person must give you a copy of **Disclosure from Nonlawyer**, Florida Family Law Rules of Procedure Form 12.900 (a), before he or she helps you. A nonlawyer helping you fill out these forms also **must** put his or her name, address, and telephone number on the bottom of the last page of every form he or she helps you complete.

IN THE CIRCUIT COURT OF THE \_\_\_\_\_ JUDICIAL CIRCUIT,  
IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA

Case No.: \_\_\_\_\_  
Division: \_\_\_\_\_

\_\_\_\_\_  
Petitioner,

and

\_\_\_\_\_  
Respondent.

### AFFIDAVIT OF MILITARY SERVICE

I, {full legal name} \_\_\_\_\_, am the  
Petitioner in this case. To support my application for a default judgment and to comply with the  
Servicemembers Civil Relief Act (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 Respondent **IS** on active duty in the military  
service of the United States.
2. \_\_\_ I know of my own personal knowledge that Respondent **IS NOT** now on active duty in the  
military service of the United States, nor has the Respondent 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 Respondent is not on active duty status. These  
certificates are attached.
4. \_\_\_ I have attempted to determine the military status of the Respondent, but do not have sufficient  
information. This is what I have done to determine whether or not Respondent 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 Petitioner

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, whose address is {street} \_\_\_\_\_,

{city} \_\_\_\_\_, {state} \_\_\_\_\_,

{phone} \_\_\_\_\_, helped {name} \_\_\_\_\_,

who is the petitioner, fill out this form.