

**IN THE COURT, EIGHTEENTH JUDICIAL CIRCUIT,
BREVARD COUNTY, FLORIDA**

DIVISION: _____ **CASE NUMBER: 05-** _____ **-XXXX-XX**

PLAINTIFF/PETITIONER

DEFENDANT/RESPONDENT

AFFIDAVIT OF MILITARY SERVICE

I, _____, am the Plaintiff/Petitioner in this case.
To support my application for a default judgment against Defendant(s),

and to comply with the Servicemembers 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/Respondent **IS** on active duty in the military service of the United States.
2. _____ I know of my own personal knowledge that Defendant/Respondent **IS NOT** now on active duty in the military service of the United States, nor has the Defendant/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 Defendant/Respondent **IS NOT** on active duty status. These certificates are attached.
4. _____ I have attempted to determine the military status of the Defendant/Respondent, but do not have sufficient information. I have no reason to believe that s/he is on active duty at this time. This is what I have done to determine whether or not Defendant/Respondent is on active duty in the United States military (must include details):

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CASE NUMBER: 05- - -XXXX-XX

5. _____ I am unable to determine the military status of the Defendant/Respondent.

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/Petitioner

Printed Name: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____

Fax Number: _____

Designated E-mail Address(es):

STATE OF FLORIDA

COUNTY OF BREVARD

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 _____.