

## Appointment of Brevard County Process Server

The following application is created so that you may type directly on the document by "tabbing" to each area. **Do not hit the return key** as it may alter the form. Some parts of the application require a Notary Public. Please note that you must send in an **ORIGINAL SIGNED APPLICATION** completely filled out with the appropriate attachments before it can be processed. You may not email or fax your application to this department (due to original signature, bond and notary requirements).

Mail application to:  
Brevard County Clerk of Courts  
Attn: Kim Reynolds  
P. O. Box 999  
Titusville, FL 32781-0999

If you have any questions, please call 321-633-7782, Monday through Friday, 8:00 a.m. to 5:00 p.m. or email: [processserverclerks@brevardclerk.us](mailto:processserverclerks@brevardclerk.us) or [kim.reynolds@brevardclerk.us](mailto:kim.reynolds@brevardclerk.us).

Once the application has been processed, the applicant will receive a notice explaining procedures in order to obtain a new identification card from the Brevard County Clerk of Court. **Please allow 4-6 weeks to process the application.**

1. Application
2. Acknowledgement Page-Signed Dated & Notarized
3. Information to Sheriff
4. Two Non-Refundable payments, Brevard Clerk of Court \$100.00 & Brevard County Sheriff \$50.00. (This fee includes the cost of the fingerprint card, which may be obtained at the local Sheriff precinct where the fingerprints process will be conducted at the Sheriff's Office).
5. \$5,000.00 ORIGINAL Bond Payable to **Eighteenth Judicial Circuit** with an effective date good for one year.
6. Every other year starting 2019 a NEW photo will be required upon renewal.

## **APPLICATION FOR APPOINTMENT AS PROCESS SERVER**

The undersigned, applies to the Chief Judge of the Eighteenth Judicial Circuit for appointment as process server pursuant to Administrative Order No. 08-19-B relating to Procedures for appointment of Certified Process Servers, and states:

New Application

Renewal

ID Badge # \_\_\_\_\_

Date \_\_\_\_\_

Name: \_\_\_\_\_  
Full First Name Full Middle Name Full Last Name

Home Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

DOB \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_ Eye Color \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair Color \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Social Security # \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_

Employer Name \_\_\_\_\_ Supervisor \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Employer Phone \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Print Name to be reflected on badge \_\_\_\_\_

**\*New Photos will be required every other year starting 2019 upon renewal\***

**APPLICATION FOR APPOINTMENT/RENEWAL AS CERTIFIED PROCESS SERVER**

**FOR THE EIGHTEENTH JUDICIAL CIRCUIT OF FLORIDA**

**Applicant's Name (Printed)** \_\_\_\_\_

**NO ENTITLEMENT TO COMPENSATION**

I agree that my performance of any duties pursuant to my appointment as a Certified Process Server of the Eighteenth Judicial Circuit shall not entitle me to receive any compensation from the Eighteenth Judicial Circuit, Clerk of the Court, or the Seminole or Brevard County Sheriff's Office for those services rendered.

**FLORIDA STATUTE 48.29(3)(e) ACKNOWLEDGEMENT**

This is to certify that I, \_\_\_\_\_, do not have any pending criminal cases against me. There is no record of any felony convictions against me, nor a record or any misdemeanors involving moral turpitude or dishonesty with respect to me within the past five years.

**FLORIDA STATUTE 48.31 (2) ACKNOWLEDGEMENT**

I understand that Florida Statute 48.31 provides in part that:

*A certified process server must be disinterested in any process he or she servers; if the certified process server willfully and knowingly executes a false return of service he or she is guilty of a felony of the third degree.*

**FLORIDA STATUTE 48.29 (2) ACKNOWLEDGEMENT**

I certify that the information provided in this application is true and correct. I am at least 18 years of age. I have no mental or legal disability. I am a permanent resident of the State of Florida.

**AFFIDAVIT OF COMPLETION**

I, \_\_\_\_\_, as an applicant for an appointment as process server in the Eighteenth Judicial Circuit, do swear or affirm the following: I have completed an orientation program conducted by a designated representative of the Brevard County Sheriff's Department in service of process. (Note: Subpoenas are not original process).

**OATH OF OFFICE FLORIDA STATUTE 48-29(3)(h)**

I, \_\_\_\_\_, a permanent resident of the State of Florida, do hereby solemnly swear or affirm that I will honestly, diligently, and faithfully exercise the duties of a Certified Process server in the Eighteenth Judicial Circuit.

**Signature**\_\_\_\_\_

**Date**\_\_\_\_\_

\_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Personally Known \_\_\_\_\_

Produced ID \_\_\_\_\_

Type of ID \_\_\_\_\_

My Commission expires \_\_\_\_\_ Notary Public \_\_\_\_\_

**State of Florida**

### **INFORMATION FOR SHERIFF**

All applicants applying for Certified Process Server in the Eighteenth Judicial Circuit must fill in ALL items below. PLEASE be neat and thorough. Failure to provide any of the requested information will result in an unnecessary delay of your application.

Name: \_\_\_\_\_  
Full First Name Full Middle Name Full Last Name

Social Security No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip

Home Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Present Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip

Driver's License # \_\_\_\_\_ State \_\_\_\_\_

**\*\*Copy of Driver License or Please attach to a blank page\***

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Print Name