Florida Affidavit of Service (Proof of Service) Form

Governed by Fla. Stat. § 48.21 and § 48.031; Fla. R. Civ. P. 1.070

County of _____

State of Florida

Case Number: _____

Date: _____

1. SERVER.

I, _____ ("Server"), am the person who effected the service described below and make the following statement based on my personal knowledge.

2. DOCUMENTS.

The documents served are described as follows (list every pleading and document served):

_____

_____

_____

Date Process Came to Hand: _____

Time Process Came to Hand: _____ ☐ AM ☐ PM

3. RECIPIENT.

The above-mentioned documents were delivered to:

a) Defendant/Respondent: _____ ("Recipient")

b) Address/Location: _____

c) Date Served: _____ Time Served: _____ ☐ AM ☐ PM

d) Position Held (if served in a representative capacity): _____

4. DELIVERY.

The Server completed service by the following method (check one):

☐ **Personal Service.** The Server handed the documents directly to the Recipient.

☐ **Substituted Abode Service.** The Server left the documents at the Recipient's usual place of abode with a person residing there who is 15 years of age or older, and informed that person of the contents of the documents, under Fla. Stat. § 48.031(1)(a).

Name of person who received the documents: _____

Relationship to the Recipient: _____

☐ The person who received the documents resides at the Recipient's usual place of abode and is 15 years of age or older.

☐ The Server informed that person of the contents of the documents.

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5. AFFIDAVIT.

I, _____, being duly sworn, state that I am the person who effected the service described in this document and that the facts stated in this Affidavit of Service are true and correct.

Server's Signature: _____ Date: _____

Print Name: _____

NOTARIAL JURAT

State of Florida

County of _____

Sworn to (or affirmed) and subscribed before me by means of

- ☐ physical presence or
- ☐ online notarization,

this _____ day of _____, _____ (year),

by _____ (name of person making statement).

- ☐ Personally Known
- ☐ OR Produced Identification

Type of Identification Produced: _____

WITNESS my hand and official seal.

Signature of Notary Public – State of Florida: _____ (Seal)

Print, Type, or Stamp Commissioned Name of Notary Public: _____

My Commission Expires: _____

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