

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

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

Division: \_\_\_\_\_

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

and

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

**AFFIDAVIT OF DILIGENT SEARCH AND INQUIRY**

I, *{full legal name}* \_\_\_\_\_, being sworn, certify that the following information is true:

1. I have made diligent search and inquiry to discover the name and current residence of Respondent: *{Specify details of search}* **Refer to checklist below and identify all actions taken (any additional information included such as the date the action was taken and the person with whom you spoke is helpful) (attach additional sheet if necessary):**

[ **all** that apply]

- United States Post Office inquiry through Freedom of Information Act for current address or any relocations.
- Last known employment of Respondent, including name and address of employer. You should also ask for any addresses to which W-2 Forms were mailed, and, if a pension or profit-sharing plan exists, then to any addresses to which any pension or plan payment is and/or has been mailed.
- Unions from which Respondent may have worked or that governed particular trade or craft.
- Regulatory agencies, including professional or occupational licensing.
- Names and addresses of relatives and contacts with those relatives, and inquiry as to Respondent's last known address. You are to follow up any leads of any addresses where Respondent may have moved. Relatives include, but are not limited to: parents, brothers, sisters, aunts, uncles, cousins, nieces, nephews, grandparents, great-grandparents, former in-laws, stepparents, stepchildren.
- Information about the Respondent's possible death and, if dead, the date and location of the death.
- Telephone listings in the last known locations of Respondent's residence.
- Internet at <http://www.switchboard.com> or other Internet people finder or the library checked for me.
- Law enforcement arrest and/or criminal records in the last known residential area of Respondent.
- Highway Patrol records in the state of Respondent's last known address.
- Department of Motor Vehicle records in the state of Respondent's last known address.
- Department of Corrections records in the state of Respondent's last known address.
- Title IV-D (child support enforcement) agency records in the state of Respondent's last known address.
- Hospitals in the last known area of Respondent's residence.
- Utility companies, which include water, sewer, cable TV, and electric in the last known area of Respondent's residence.
- Letters to the Armed Forces of the U.S. and their response as to whether or not there is any information about Respondent. (See Memorandum for Certificate of Military Service,  Florida Family Law Form 12.912(a).)

\_\_\_\_ Tax Assessor's and Tax Collector's Office in the area where Respondent last resided  
\_\_\_\_ Other: {explain} \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. The age of Respondent is [ **one** only] ( ) known {enter age} \_\_\_\_\_ **or** ( ) unknown.

3. **Respondent's current residence**

[ **one** only]

- \_\_\_\_ a. Respondent's current residence is unknown to me.  
\_\_\_\_ b. Respondent's current residence is in some state or country other than Florida, and Respondent's last known address is: \_\_\_\_\_  
\_\_\_\_ c. The Respondent, having residence in Florida, has been absent from Florida for more than 60 days prior to the date of this affidavit, or conceals him(her)self so that process cannot be served personally upon him or her, and I believe there is no person in the state upon whom service of process would bind this absent or concealed 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 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—STATE OF FLORIDA  
\_\_\_\_\_  
[Print, type, or stamp commissioned name of notary.]

\_\_\_\_ 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, located at {street} \_\_\_\_\_, {city} \_\_\_\_\_,  
{state} \_\_\_\_\_, {phone} \_\_\_\_\_, helped {name} \_\_\_\_\_,  
who is the petitioner, fill out this form.