

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

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

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

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

and

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

**NONMILITARY AFFIDAVIT**

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

[ **all** that apply]

- \_\_\_\_ 1. I know of my own personal knowledge that Respondent is not on active duty in the armed services of the United States.
- \_\_\_\_ 2. I have inquired of the armed services of the United States and the U.S. Public Health Service to determine whether the Respondent is a member of the armed services and am attaching certificates stating that Respondent is not now in the armed services.

**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

\_\_\_\_ Personally known

[Print, type, or stamp commissioned name of notary.]

\_\_\_\_ Produced identification

\_\_\_\_ Type of identification produced \_\_\_\_\_

**IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE  
BLANKS BELOW: [ *do not* 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.