

**SEMINOLE TRIAL COURT**

**Seminole Tribe of Florida**

|                      |   |          |
|----------------------|---|----------|
| _____                | ) |          |
|                      | ) |          |
| vs. <i>Plaintiff</i> | ) | Case No. |
|                      | ) |          |
| _____                | ) |          |
| <i>Defendant</i>     | ) |          |
| _____                | ) |          |

**AFFIDAVIT OF MILITARY SERVICE**

I, *{full legal name}* \_\_\_\_\_, am the Petitioner in this case. To support my application for a default judgment and to comply with the Servicemembers Civil Relief Act (formerly known as Soldiers' and Sailors' Civil Relief Act of 1940), I swear or affirm that the following information is true:

**[please check only one]**

1. \_\_\_ I know of my own personal knowledge that the Respondent **IS** on active duty in the military service of the United States.
2. \_\_\_ I know of my own personal knowledge that Respondent **IS NOT** now on active duty in the military service of the United States, nor has the 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 Respondent is not on active duty status. These certificates are attached.
4. \_\_\_ I have attempted to determine the military status of the Respondent, but do not have sufficient information. This is what I have done to determine whether or not Respondent is on active duty in the United States military:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. \_\_\_ I have no reason to believe that she/he is on active duty at this time.

**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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address(es): \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

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 \_\_\_\_\_.

**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, whose address is *{street}* \_\_\_\_\_,

*{city}* \_\_\_\_\_, *{state}* \_\_\_\_\_, *{zip}* \_\_\_\_\_

*{phone}* \_\_\_\_\_, helped *{name}* \_\_\_\_\_, who

is the petitioner, fill out this form.