

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

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

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

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

and

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

DESIGNATION OF CURRENT MAILING AND E-MAIL ADDRESS

I, {full legal name}, \_\_\_\_\_, being sworn, certify that:

MAILING ADDRESS:

My current mailing address is:

{Street or Post Office Box} \_\_\_\_\_

{City}, \_\_\_\_\_, {State}, \_\_\_\_\_, {Zip} \_\_\_\_\_

{Telephone No.} \_\_\_\_\_ {Fax No.} \_\_\_\_\_

E-MAIL ADDRESS:

*{Do not provide an e-mail address unless you choose to serve and receive all documents in the future only by e-mail. If you are a self-represented litigant (appearing without an attorney), you are not required to serve or receive documents by electronic mail (e-mail); however, once you designate an e-mail address, that address will be the exclusive means of serving and receiving documents. Once you choose to serve and receive documents by e-mail, you cannot change your decision.}*

I wish to designate the following e-mail address(es) for the purposes of serving and receiving documents:

\_\_\_\_\_

I understand that I must keep the clerk's office and the opposing party or parties notified of my current mailing and e-mail address(es) and that all future papers in this lawsuit will be served at the address(es) on record at the clerk's office.

I certify that a copy of this document was  e-mailed  mailed  faxed and mailed  hand-delivered to the person(s) listed below on {date} \_\_\_\_\_.

Other party or his/her attorney:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
Designated E-mail Address(es): \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Party

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} This form was prepared for the: {choose only one}  Petitioner  Respondent  
This form was completed with the assistance of:  
{name of individual} \_\_\_\_\_  
{name of business} \_\_\_\_\_  
{street} \_\_\_\_\_  
{city} \_\_\_\_\_, {state} \_\_\_\_\_, {zip code} \_\_\_\_\_, {telephone number} \_\_\_\_\_