



Fifteenth Judicial Circuit
RECIPROCITY
Certified Civil Process Server Reciprocity Application

INSTRUCTIONS

Process Servers certified with the **Eleventh Judicial Circuit** (Miami-Dade County) who would like to become certified with the Fifteenth Judicial Circuit through the Reciprocity Program shall submit a complete application and provide the required supporting documentation to the Administrative Office of the Court. A checklist is attached to this application to assist in the gathering of documents. If this form does not have enough space for the answer to any question, submit the answer on a separate sheet. It is the responsibility of the applicant to provide documentation to keep his or her application current. Incomplete applications will NOT be processed.

ADMINISTRATIVE ORDERS:

- By submitting this application, the applicant certifies that he/she has read and is familiar with the Policies and Procedures for Certified Civil Process Servers found in Administrative Order 2.701 (as amended). The administrative orders can be found on the Circuit's website at www.15thcircuit.com/adminorders (series 2).
- Applicants understand and agree that Court Administration does not provide any referrals or business to the process servers and it is up to the individual process server to obtain his or her own work.
- Applicants understand that they are not employees or independent contractors of the Fifteenth Judicial Circuit or the State of Florida.

CRIMINAL HISTORY:

- You will be required to provide a criminal history report obtained through the Florida Department of Law Enforcement ("FDLE"). You can order this report (charge of \$24.00) by going to <https://web.fdle.state.fl.us/search/app/default>.
- A copy of the FDLE report must be emailed directly from FDLE to the following email address: **CAD-Processserver@pbcgov.org**.
- Applicants must not have any pending criminal charges. Applicants must not have been convicted of a felony or must not have been convicted of a misdemeanor involving moral turpitude or dishonesty within the last five (5) years (see Administrative Order 2.709).
- **No fees will be refunded if an applicant is rejected due to the results of the criminal history check.**
- Any certified process server who has new criminal charges filed against him/her in any jurisdiction must inform the Administrative Office of the Court within forty-eight (48) hours of being charged. Failure to provide such information may result in immediate suspension of the process server's certification.

STATUTORY REQUIREMENTS: The applicant must:

- be at least eighteen (18) years of age,
- be a permanent resident of the State of Florida,
- submit to a background investigation, and
- not have a mental or legal disability (see Florida Statute 48.29).

APPLICATION DEADLINE & COSTS:

- Applications must be received no later than **4:00 p.m. on November 1st**.
- **Please return your completed application package via email to:
CAD-Processserver@pbcgov.org**
- The \$250.00 application and training fee is non-refundable.

TRAINING/EXAMINATION:

- Process servers currently certified in the Eleventh Judicial Circuit will not have to take the new process server training course or examination, but will have to provide proof of completion of the Eleventh Circuit's training course. If the process server has not completed any trainings within the last two (2) years, they will also be required to attend a 4 hour continuing education course approved by Court Administration. Court Administration has approved 4 hour online courses offered by the Florida Association of Professional Process Servers. Current course and registration information is available here: <https://www.fapps.org/afpsintroduction.aspx>
- Process servers currently certified by the Eleventh Circuit will be required to submit a letter or a certificate of good standing from the Administrative Office of the Court of the Eleventh Judicial Circuit

SWEARING IN CERMONY: Applicants who have successfully completed all the requirements, have had their application approved and provided the required bond information, will be sworn in January.



Fifteenth Judicial Circuit Certified Civil Process Server Reciprocity Applicant Checklist

Thank you for your interest in seeking reciprocity with the Fifteenth Judicial Circuit. Below you will find a checklist to assist you in ensuring that all required documents are provided to Court Administration. **The following must be received by Court Administration no later than 4:00 p.m. on November 1st. Incomplete applications will not be processed** Please send applications electronically to: CAD-Processserver@pbcgov.org The Application Fee and Process Server Bonds can be mailed to:

**Court Administration, Attn: General Counsel
205 N. Dixie Hwy
West Palm Beach, FL 33401**

Please include a copy of this checklist when submitting the application.

- _____ Completed Application
- _____ New Checklist (Current Page)
- _____ Signed and Notarized Certified Process Server Agreement/Certificate of Good Conduct
- _____ Proof of completion of training through the Eleventh Circuit (FAPPS).
- _____ Copy of Certificate of Good Standing or Letter from the Eleventh Judicial Circuit
- _____ Copy of driver's license or State of Florida Identification Card
- _____ Payment in the amount of \$250.00 paid via the Circuit website (no checks or money orders will be accepted)
- _____ FDLE criminal history report. A request can be made by going to the following website <https://web.fdle.state.fl.us/search/app/default> - cost \$24.00.
 - **Results can be emailed directly from FDLE to Court Administration by including the following email address in the FDLE online form:**
CAD-Processserver@pbcgov.org
 - For integrity and security purposes, email results must come DIRECTLY from FDLE and cannot be forwarded from your email.
 - Contact FDLE at 850-410-8109 for technical questions or issues.

After acceptance, the following must completed no later than January 10th.

- _____ Obtain an original Bond in the amount of \$5,000.00 with a surety company authorized to do business in Florida and bound onto the Fifteenth Judicial Circuit. The bond is to be in the name of The Fifteenth Judicial Circuit (as the "obligee"). The bond cycle is to run **January 1 - through December 31. Bonds must run for the cycle of the calendar year,** please ensure that you communicate this with your bond company.
- _____ Record and obtain a Certified Copy of the recorded bond. The bond is to be recorded with the Clerk's Office Recording Department located on the 4th Floor of the courthouse. Recording and certification fees will apply.
- _____ Provide certified copy of the recorded bond to Court Administration



Fifteenth Judicial Circuit Application for Reciprocity - Certified Civil Process Server

I hereby submit my application for the certified process server program. I represent that I am over eighteen (18) years of age and am a permanent resident of the State of Florida. I further represent that I have not been convicted of a felony, whether or not adjudication was withheld. Additionally, I have not been convicted within the last five (5) years of a misdemeanor involving dishonesty or moral turpitude. I agree to submit to a criminal background check. I certify that I have read and am familiar with the Policies and Procedures for Certified Civil Process Servers found in Administrative Orders 2.701 (as amended). I hereby certify that everything contained in the application package is true and correct to the best of my knowledge.

I further understand that the application information is subject to appropriate public records disclosure law and that as an applicant for certification as a process server with the Fifteenth Judicial Circuit, I must attach to this application:

1. A copy of my valid Florida driver's license or State of Florida Identification Card
2. Proof of completion of process server training through the Eleventh Circuit.
3. Proof of Good Standing with the Eleventh Judicial Circuit
4. A cashier's check or money order in the amount of \$250.00 payable to the Board of County Commissioners for the 2016-2017 reciprocity application fee and training course.
5. Payment in the amount of \$250.00 paid via the Circuit website (no checks or money orders will be accepted).
6. FDLE criminal history report. A request can be made by going to the following website
<https://web.fdle.state.fl.us/search/app/default> - cost \$24.00.
 - Results can be emailed directly from FDLE to Court Administration by including the following email address in the FDLE online form:
CAD-Processserver@pbcgov.org
 - For integrity and security purposes, email results must come DIRECTLY from FDLE and cannot be forwarded from your email.
 - Contact FDLE at 850-410-8109 for technical questions or issues.

Signature: _____

Printed Name: _____

Date: _____

- Please return your completed application package via email to:
CAD-Processserver@pbcgov.org

☐ NEW - OR - ☐ RENEWAL

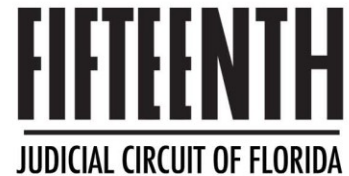
Name /Company: _____

Mailing Address: _____ City _____ State _____ Zip _____

Phone Number: () _____ Fax Number: () _____

Email Address / Website _____

Certified Process Server APPLICATION



CRIMINAL HISTORY

1. Do you currently have any pending criminal actions? ☐ Yes ☐ No If YES, list the charge, agency, address, phone number, agency case number or court case number.

2. In the last 5 years, have you ever been convicted of a felony, including any convictions that may be sealed or expunged? ☐ Yes ☐ No If YES, detail the crime, disposition, and jurisdiction.

- If you have ever been convicted of *any* felony, please attach documentation showing civil rights restoration, if any.

3. In the last 5 years, have you ever been convicted of a misdemeanor, including any convictions that may be sealed or expunged? ☐ Yes ☐ No If YES, detail the crime, disposition, and jurisdiction.

- Are you presently on probation for any criminal offense? ☐ Yes ☐ No If YES, provide detail.

Certified Process Server APPLICATION

LAST NAME		FIRST	MIDDLE
EMPLOYMENT HISTORY (include five years of information)			
PRESENT EMPLOYER		TYPE OF BUSINESS	
ADDRESS		IMMEDIATE SUPERVISOR	
		TELEPHONE NUMBER	
FROM (Month/Year)	TO (Month/Year)	Hours Worked per Week	
JOB TITLE		REASON FOR LEAVING	
DUTIES			
FORMER EMPLOYER		TYPE OF BUSINESS	
ADDRESS		IMMEDIATE SUPERVISOR	
		TELEPHONE NUMBER	
FROM (Month/Year)	TO (Month/Year)	Hours Worked per Week	
JOB TITLE		REASON FOR LEAVING	
DUTIES			
FORMER EMPLOYER		TYPE OF BUSINESS	
ADDRESS		IMMEDIATE SUPERVISOR	
		TELEPHONE NUMBER	
FROM (Month/Year)	TO (Month/Year)	Hours Worked per Week	
JOB TITLE		REASON FOR LEAVING	
DUTIES			
FORMER EMPLOYER		TYPE OF BUSINESS	
ADDRESS		IMMEDIATE SUPERVISOR	
		TELEPHONE NUMBER	
FROM (Month/Year)	TO (Month/Year)	Hours Worked per Week	
JOB TITLE		REASON FOR LEAVING	
DUTIES			
FORMER EMPLOYER		TYPE OF BUSINESS	
ADDRESS		IMMEDIATE SUPERVISOR	
		TELEPHONE NUMBER	
FROM (Month/Year)	TO (Month/Year)	Hours Worked per Week	
JOB TITLE		REASON FOR LEAVING	
DUTIES			

Certified Process Server APPLICATION

EDUCATION/TRANING/SKILLS			
Did you graduate from high school? YES or NO		Date of Graduation	Highest Grade Completed
Name and Location of High School Attended			
High School Equivalent/GED		Date	Source
Name and Location of College/University	Dates Attended	Degree Earned	
Name and Location of College/University	Dates Attended	Degree Earned	
Name and Location of College/University	Dates Attended	Degree Earned	
Occupational/Professional Licenses or Certificates			
Type	Number	Date Obtained	Date Expires
Occupational/Professional Licenses or Certificates			
Type	Number	Date Obtained	Date Expires
CITIZENSHIP/RESIDENCY			
Are you a citizen of the United States? YES or NO		Are you a permanent resident of the State of Florida? YES or NO	
If ALIEN status, check type of work authorization and record file number:			Verified by AOC Staff Date:
If NATURALIZED status, record the identification number of each of the following: Naturalization Certificate Number: U.S. Passport Number: Voter's Registration Number:			Verified by AOC Staff Date:
ARMED SERVICES			
Have you ever been a member of the U.S. Armed Services? YES or NO		ACTIVE DUTY DATES: FROM TO	
If YES, Type of Discharge: Honorable General Other/explain			
LAW ENFORCEMENT (needed to determine appropriate release of application information subject to public records disclosure law)			
Are you now or were you previously a law enforcement officer?		YES or	NO
Are you the spouse of an active or former law enforcement officer?		YES or	NO
Is your mother or father an active or former law enforcement officer?		YES or	NO

Fifteenth Judicial Circuit
Confidential Record Request Affidavit

Before me, the undersigned authority, personally appeared _____ who in my presence, upon being duly sworn and deposed, states as follows:

I am over the age of eighteen (18) and have personal knowledge of the matter contained herein.

I request that my confidential and exempt information be held in confidence pursuant for Florida Rule of General Practice & Judicial Administration 2.420, F.S. 119.07, F.S. 119.071, and F.S. 493.6122.

I am a:

☐ Current ☐ Former Spouse of current ☐ Spouse of former ☐ Child of current ☐ Child of former

And I claim the following exemption(s):

- ☐ 1. Sworn or Civilian Law Enforcement Personnel: (F.S. 119.071(4)(d)2.a.)
- ☐ 2. Correctional Officers: (F.S. 119.071(4)(d)2.a.)
- ☐ 3. Department of Children & Family Services whose duties include the investigation of: (F.S. 119.071(4)(d)2.a.) Abuse; Neglect; Exploitation; Fraud; Theft; or other Criminal Activity
- ☐ 4. Department of Revenue & Local Government Personnel whose duties include Revenue Collection & Enforcement: (F.S. 119.071(4)(d)2.a.)
- ☐ 5. Firefighters (Pursuant to Florida Statue 633.408): (F.S. 119.071(4)(d)2.d.)
- ☐ 6. Justices and Judges (F.S. 119.071(4)(d)2.e.)
- ☐ 7. Water Management District or Local Government Personnel as follows: • Director/Assistant Director/Manager/Assistant Manager And employed in one of the following departments: • Human Resources/Labor Relations/Employee Relations And whose duties include: Hiring/Firing/Labor Contract Negotiation/Administration/Other Personnel Duties
- ☐ 8. Department of Health Personnel whose duties include: • Eligibility or adjudication for Social Security Disability benefits • Inspection of health care practitioners or health care facilities • Support and investigation of child abuse or neglect
- ☐ 9. State Attorneys/Assistant State Attorneys: • State Attorney/Assistant State Attorney • Statewide Prosecutors/Assistant Statewide Prosecutors
- ☐ 10. U.S. Attorney/Assistant U.S. Attorney/Judge of U.S. Courts of appeal/U.S. District Judge/U.S. Magistrate
- ☐ 11. Federal Judges and Magistrates: • General Magistrate • Special Magistrate • Judges of Compensation claim • Administrative Law Judges of the Division of Administrative Hearings • Child Support Enforcement Hearing Officers

- ☐12. Code Enforcement Officers
- ☐13. Investigative personnel of the Department of Financial Services
- ☐14. Private Investigative, Private Security Repossession Services: • Class C, CC, E, or EE Licensees (Must provide copy of License)
- ☐15. Victim of Sexual Battery, Lewd or Lascivious Offense: • Committed upon or in the presence of a person less than 16 years of age, Child Abuse, Victim of any sexual offense.
- ☐16. Victim of Domestic Violence, Aggravated Stalking, Harassment or Aggravated Battery: (F.S. 119.071(2)(j)1) • Must include official verification that an applicable crime has occurred. • Information shall cease to be exempt 5 years after the receipt of the written request.
- ☐17. Guardian Ad Litem
- ☐18. Public Defender/Assistant Public Defender: • Criminal Conflict & Civil Regional Counsel • Assistant Criminal Conflict & Civil Regional Counsel
- ☐19. Correctional Probation Officer
- ☐20. Impaired Practitioner Consultants who are: • Retained by an agency • Duties result in a determination of the a person's skill and safety to practice a licensed profession
- ☐21. Department of Juvenile Justice Personal as follows: • Juvenile Probation Officers/Supervisors • Detention or Assistant Detention Superintendent • Human Services Counselor or Senior Administrators • Juvenile Justice Detention Officers I/II or Supervisor • Juvenile Justice Residential Officer or Supervisor I & II • Juvenile Justice Counselor or Supervisor • Rehabilitation Therapists/Social Services Counselors
- ☐22. Office of Inspector General/Internal Audit Department Personnel: • Whose duties include auditing or investigating waste, fraud, abuse, theft, exploitation, or other activities that could lead to criminal prosecution or administrative discipline.
- ☐23. Certified Emergency Medical Technicians/ Certified Paramedics under Ch. 401
- ☐24. Department of Business & Professional Regulations: • Investigators/Inspectors
- ☐25. Public Guardian: • Appointed by a Court and deemed to be an officer of the Court for an incompetent or incapacitated person.
- ☐26. Child Advocacy Personnel/Child Protection Team: • Directors, Managers, Supervisors, and Clinical Employees
- ☐27. Addiction Treatment Facility Personnel • Directors, Managers, Supervisors, Nurses, and Clinical Employees

- ☐28. Victim of an Incident of Mass Violence (F.S. 119.071(2) (o) (Eff. 3/9/18))
- ☐29. Current County Tax Collector
- ☐30. Office of Financial Regulation's Bureau of Financial Investigations
- ☐31. Current Judicial Assistant
- ☐32. Department of Agriculture and Consumer Services • Inspectors and Investigators
- ☐33. Other _____

Please be aware that if you claim an exemption, your information will be redacted from the Circuit's website.

I hereby certify the above information is true and correct. I hereby confirm my status as a party eligible for maintenance of the exemption. I am familiar with the nature of an oath and the penalties provided by Florida for falsely swearing to a document.

Applicant Signature

Applicant Printed Name

Sworn to (or affirmed) and subscribed before me, the undersigned authority, on _____ day of _____, 20_____.

Personally known _____ Produced identification _____

Type of ID produced _____

Notary Public, Deputy Clerk, or other authority

NAME: _____

Commission No. _____

My Commission Expires: _____

Fifteenth Judicial Circuit

**CERTIFIED PROCESS SERVER AGREEMENT and
CERTIFICATE OF GOOD CONDUCT**

Under penalty of perjury, I swear (or affirm) that the information contained in this application is true and correct.

I will honestly, diligently and faithfully exercise the duties imposed upon me as a Certified Process Server in accordance with Chapter 48, Florida Statutes and the Orders of this Court and will abide by and effect service of process in accordance with the applicable Florida Statutes and Rules and Orders of this Court and that the information provided herein is true and correct.

Upon notification that I have successfully completed the examination, I agree to execute a bond in the amount of \$5,000.00 with a surety company authorized to do business in this state for the benefit of any person wrongfully injured by any malfeasance, misfeasance, neglect of duty, or incompetence on my part in connection with any duties as a process server. Furthermore, I agree to renew such a bond annually as required by the Administrative Office of the Court. I agree to submit a certified copy of the recorded bond and/or the bond continuation certificate within five (5) days of obtaining it, to the Administrative Office of the Court, Palm Beach County Courthouse. Failure to do so may result in the suspension of my certification.

I hereby agree to submit to a background investigation, which shall include the right to obtain and review any criminal record I may have. I hereby authorize the use of the information given above to assist in such investigation. I agree that my certification as a Certified Process Server may be revoked at any time if there is a material misrepresentation made in this application.

CERTIFICATE OF GOOD CONDUCT: I certify that, to the best of my knowledge, there are no pending criminal cases against me and no record of any felony conviction, nor a record of a misdemeanor involving moral turpitude or dishonesty within the past five (5) years, pursuant to Florida Statute §48.29(3)(e)

FURTHER AFFIANT SAYETH NAUGHT.

STATE OF FLORIDA COUNTY OF PALM BEACH

BEFORE ME, an officer duly authorized to administer oaths, personally appeared _____, **who first being duly sworn**, deposes and says that he/she is the person described in and who executed the foregoing application, that he/she has read the same and the things and matters therein contained are true and correct to the best of his/her knowledge and belief. He/She is personally known to me or has presented _____ (*type of identification*) as identification.

Signature of Affiant: _____

Printed Name of Affiant: _____

Date: _____

Title: Notary Public Commission Number: _____