

IN THE CIRCUIT COURT IN AND FOR ESCAMBIA COUNTY, FLORIDA

Plaintiff/Petitioner

Vs.

Case Number: _____

Defendant/Respondent

**REQUEST TO BE EXCUSED FROM E-MAIL SERVICE BY A PARTY
NOT REPRESENTED BY AN ATTORNEY**

_____ requests to be excused pursuant to Fla. R. Gen. Prac. & Jud. Admin. 2.516(b)(1)(D) from the requirements of e-mail service because I am not represented by an attorney and (check the appropriate box):

I do not have an e-mail account.

I do not have regular access to the internet.

By choosing not to receive documents by e-mail service, I understand that I will receive all copies of notices, orders, judgments, motions, pleadings, or other written communications by delivery or mail at the following address:

I understand that I must keep the clerk's office and the opposing party or parties notified of my current mailing address.

Pursuant to section 92.525, Florida Statutes, under penalties of perjury, I declare that I have read the foregoing request and that the facts stated in it are true.

Date: _____

Signature: _____

Print Name: _____

Phone Number: _____

CLERK'S DETERMINATION

Based on the information provided in this request, I have determined that the applicant is excused or not excused from the e-mail service requirements of Fla. R. Gen. Prac. & Jud. Admin 2.516(b)(1)(C).

Date: _____

PAM CHILDERS
Clerk of the Circuit Court & Comptroller
By:

Deputy Clerk

CERTIFICATE OF SERVICE

I certify that a copy hereof has been furnished to (insert name(s) and address(es) of parties used for service) _____ by _____ on (insert date) _____.

Signature of Party

A PERSON WHO IS NOT EXCUSED MAY SEEK REVIEW BY A JUDGE BY REQUESTING A HEARING TIME.

Sign here if you want the Judge to review the clerk's determination that you are not excused from the e-mail service requirements. You do not waive or give up any right to judicial review of the clerk's determination by not signing this part of the form.

Date: _____

Signature: _____

Print Name: _____