Fifteenth Judicial Circuit
Certified Civil Process Server Renewal Application

Thank you for your interest in renewing your process server certification with the Fifteenth Judicial Circuit for the upcoming calendar year. Below you will find a checklist to assist you in ensuring that all required documents are provided to Court Administration. **Your new ID card will be distributed by mail**.

Please send Applications and Process Server Bonds electronically to: CAD-Processerver@pbcgov.org. The Application Fee can be paid online: https://www.15thcircuit.com/program-page/certified-process-servers.

RENEWAL CHECKLIST

All of the following items listed below, including this cover sheet, must be received by Court Administration no later than **November 1st** . Incomplete and late applications will **NOT** be processed. Documents received after this date **will be subject to a $50.00 late fee.**

Check and ensure all listed documents are included:

_____ Renewal Checklist (current page)

_____ Renewal Application Information/Form (page 2)

_____ Signed and Dated Acknowledgment (page 3)

_____ Signed and Notarized Certificate of Good Conduct

_____ Signed and Date Acknowledgment of Training Requirement (page 4)

_____ Confidentiality recant request affidavit. Please be aware if you claim an exemption, your information will be redacted from the Circuit's website.

_____ Payment via the Circuit website of **$200.00**. **No checks or money orders will be accepted**.

_____ Original bond or a certified copy of recorded bond (or continuation bond) in the amount of $5,000 **with a surety company authorized to do business in Florida bound onto the Fifteenth Judicial Circuit and valid for the upcoming calendar year**. The bond is to be in the name of The Fifteenth Judicial Circuit (as the "obligee"). **Bonds should be valid from January 1 through December 31st** so that the application package can be processed. If your bond runs on a different cycle, speak to your bond company immediately so the bonded period can be changed. **Identification cards will <u>not</u> be given unless a proper bond is in place.**

_____ FDLE criminal history report. An Instant Record request can be made by going to the following website https://cchinet.fdle.state.fl.us/search/app/default?12 - **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-Processerver@pbcgov.org
- **For integrity and security purposes, email results must come DIRECTLY from FDLE and cannot be forwarded from your email.**
- Contact FDLE at 850-410-8109or ApplicantChecks@fdle.state.fl.us for technical questions or issues.
- 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 2.709-9/08). 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.

Fifteenth Judicial Circuit
Certified Process Server - Renewal Application

Date: _____

Name: _____

Company Name: _____

CPS#: _____ Date of Birth: _____

Email Address*: _____

***All communications from Court Administration are made through email. Please ensure that you write your email address neatly and clearly. ***

Street Address _____
(to be placed
on the website & _____
on list sent to communities)

Business Phone: _____
(To be placed on website & published list)

Home Address: _____
(Physical, not P.O. Box)

_____

Cellular Phone: _____

Home Phone: _____

ACKNOWLEDGMENT

CERTIFIED CIVIL PROCESS SERVER PROGRAM

Fifteenth Judicial Circuit

I, the undersigned, do hereby acknowledge that I understand that my status as a Certified Process Server in the Fifteenth Judicial Circuit of Florida is contingent upon my maintaining, in good standing, the bond posted with the Administrative Office of the Courts pursuant to Administrative Order 2.701. If said bond lapses or I am directed by the Court for any reason whatsoever to surrender the Certified Process Server Identification Card furnished to me by the Court Administrator, I shall do so without delay.

I have read Administrative Orders 2.701-2.709 (copies of which were emailed with the application notice and which are available at (15thcircuit.com/program-page/certified-process-servers) and agree to abide by the same. Failure to comply may result in my de-certification as a process server with the Fifteenth Judicial Circuit.

I further understand that I must maintain with the Office of Certified Civil Process Servers a current physical address, email address, and phone number and failure to do so could result in de-certification.

I further understand that my continued certification as a certified process server with the Fifteenth Judicial Circuit for the upcoming calendar year is contingent upon my completion of a recertification training course.

I further represent that since October 1st of the previous year I (or my company if I am the owner of the company)

_____have

_____ have not

had any complaints filed against me in my position as either a certified or special process server in <u>any jurisdiction</u> in which I serve. If a complaint outside of the Fifteenth Circuit has been filed, please attach a separate piece of paper listing the circumstances surrounding the complaint (including circuit/county, date of complaint and outcome).

PRINTED NAME: _____

SIGNATURE: _____

CPS# _____ DATE _____

FIFTEENTH JUDICIAL CIRCUIT
CPS RENEWAL ACKNOWLEDGEMENT OF TRAINING INFORMATION

1. I understand that I must attend and complete a 4 hour continuing education course offered by the Florida Association of Professional Process Servers (FAPPS) before my certification will be renewed. The cost of which is $75, paid directly to FAPPS. Training course and registration information is available here: https://www.fapps.org/afpsintroduction.aspx

2. I further understand that failure to attend a continuing education course may result in decertification or other sanctions.

Signature: _____ Date:_____

Name and CPS No.:_____

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

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:_____