

IN THE COUNTY/CIRCUIT COURT OF THE FOURTEENTH JUDICIAL
CIRCUIT IN AND FOR BAY COUNTY, FLORIDA

_____,
Plaintiff

V.

CASE NO: _____

DIVISION: _____

_____,
Defendant

**REQUEST TO BE EXCUSED FROM E-MAIL SERVICE FOR
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 email service because I am not represented by an attorney and:

☐ 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.

Dated: _____

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).

Dated: _____

Signature of the Clerk of Court: _____

IN THE COUNTY/CIRCUIT COURT OF THE FOURTEENTH JUDICIAL
CIRCUIT IN AND FOR BAY COUNTY, FLORIDA

CERTIFICATE OF SERVICE

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

**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:

Dated: _____

Signature: _____

Print Name: _____