


INSTRUCTIONS FOR FLORIDA SUPREME COURT APPROVED FAMILY LAW FORM  
12.912(b),  
NONMILITARY AFFIDAVIT


**When should this form be used?**

**You should use this form when ALL of the following statements are true:**

- The other person in your case has been served, whether by **personal service** or **constructive service**.
- The other person in your case has not responded to your petition.
- You are requesting that the court enter a **default** judgment against the other person.
- You **ABSOLUTELY KNOW FOR CERTAIN** that the other person is **NOT** in the military service.

This form should be typed or printed in black ink. After completing this form, you should sign the form before a **notary public** or **deputy clerk**. You must **file** the original of this form with the **clerk of the circuit court** when you file your **Motion for Default**,  Florida Supreme Court Approved Family Law Form 12.922(a). You must also attach copies of all verifications of nonmilitary service that you received from each branch of the United States' military service. You should keep a copy for your records.

**Special notes...**

Remember, a person who is NOT an attorney is called a nonlawyer. If a nonlawyer helps you fill out these forms, that person must give you a copy of **Disclosure from Nonlawyer**,  Florida Family Law Rules of Procedure Form 12.900 (a), before he or she helps you. A nonlawyer helping you fill out these forms also **must** put his or her name, address, and telephone number on the bottom of the last page of every form he or she helps you complete.

IN THE CIRCUIT COURT OF THE \_\_\_\_\_ JUDICIAL CIRCUIT,  
IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA

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

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

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

and

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

### NONMILITARY AFFIDAVIT

I, *{full legal name}* \_\_\_\_\_, being sworn, certify that  
the following information is true:

[  all that apply]

\_\_\_ 1. I know of my own personal knowledge that Respondent is not on active duty in the armed  
services of the United States.

\_\_\_ 2. I have inquired of the armed services of the United States and the U.S. Public Health Service  
to determine whether the Respondent is a member of the armed services and am attaching  
certificates stating that Respondent is not now in the armed services.

**I understand that I am swearing or affirming under oath to the truthfulness of the claims  
made in this affidavit and that the punishment for knowingly making a false statement includes  
fines and/or imprisonment.**

DATED: \_\_\_\_\_

\_\_\_\_\_  
Signature of Petitioner

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

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]

I, *{full legal name and trade name of nonlawyer}* \_\_\_\_\_,  
a nonlawyer, located at *{street}* \_\_\_\_\_, *{city}* \_\_\_\_\_,  
*{state}* \_\_\_\_\_, *{phone}* \_\_\_\_\_, helped *{name}* \_\_\_\_\_,  
who is the petitioner, fill out this form.