

IN THE CIRCUIT COURT, <<CircuitNumber>> JUDICIAL CIRCUIT, IN AND FOR
<<County Name>> COUNTY, FLORIDA

State of Florida Department of Revenue
Child Support Program and
<<CP NAME>>
Petitioners,

vs.

<<NCP NAME>>
Respondent.

Court Case Number: <<CtCaseNum>>

Child Support Case Number
<<CSECaseNum>>

WAIVER OF SERVICE OF PROCESS

TO: <<OPTION 4>>

I acknowledge receipt of the Notice of Commencement of Action from the Florida Department of Revenue, Child Support Program (DOR). This Notice informed me that DOR has commenced this lawsuit against me in the Circuit Court of <<County Name>> County, Florida, to determine paternity and/or my child support obligations, and that I may waive service of process in this action.

I have received a copy of DOR's <<OPTION 1>>, two copies of this Waiver of Service of Process form (Waiver), and a means by which I can return the signed Waiver to DOR without cost to me.

I agree to waive all requirements to be served with judicial process by a sheriff or other officer as provided by Rule 1.070, Florida Rules of Civil Procedure. My execution of this Waiver constitutes an appearance and submission to the jurisdiction of the court when it is filed with the court. If I sign and return this Waiver and it is received by DOR within 10 days of the date I received it, DOR will file it with the court, pursue this lawsuit to establish paternity and/or my support obligations, and terminate the Administrative <<OPTION 2>> Proceeding.

I will retain all defenses or objections to this lawsuit or to the jurisdiction or venue of the court except for any objections based on a defect in a summons or in the service of a summons. I understand if I wish to raise issues other than paternity and/or child support, it will be my responsibility to follow the proper procedures for filing and serving pleadings to bring those other issues before the court.

I understand a judgment may be entered against me if I do not serve DOR with a written response to the Petition within 60 days from the date I received the Notice of Commencement of Action and Request for Waiver of Service of Process.

DATED on _____, 20____

<<Option 3>>

Fill out if you wish to have future pleadings and orders mailed to you at an address other than the one indicated at the top of the Notice of Commencement of Action.

NEW ADDRESS:

(Name of building or complex and apartment number, if applicable)

Street Address

City, State, and Zip Code

Home/Cell Telephone Number _____

Business Telephone Number _____

cc: .Addressed Stamped Envelope to DOR

Copy of the Waiver of Service of Process (two)

<<Option 1>>

Notice of Commencement of Action and Request for Waiver of Service of Process (two copies)

OPTION 1 (Auto populate):

- A. Petition for Support and Other Relief
- B. Petition to Establish Paternity, Support and Other Relief
- C. Petition to Establish Paternity and Other Relief

OPTION 2 (Auto populate):

- A. Paternity
- B. Support

Option 3 (Auto populate)

- A. **If Respondent:** <<RespondentName>>, Respondent
- B. **If Respondent's Attorney:** <<RespondentName>>, Respondent

By: _____

<<Respondent AttorneyName>>

Attorney for Respondent <<RespondentName>>

Authorized to sign on behalf of <<RespName>>

Option 4

<<FreeFormText>>

<<FreeFormText>>

<<FreeFormText>>