



**Office of the Sheriff
Consolidated City of Jacksonville
Special Process Server Application**

SHERIFF'S USE ONLY

NEW APPLICATION RENEWAL

DATE _____ ID No _____

Last Name _____ First Name _____ Middle Name _____

Home Address _____

Mailing Address _____

City _____ State _____ Zip _____

Date of Birth _____ Sex _____ Race _____

Height _____ Weight _____ Color Eyes _____ Color Hair _____

Public Phone _____ Cellular or Home Phone _____

Email Address _____

Social Security Number _____ Driver License Number _____ State of Issue _____

Employer Name _____ Supervisor _____

Telephone Number & Ext. _____ Employer Address _____

City _____ State _____ Zip _____

Have you ever been ARRESTED for a Felony? Yes _____ or No _____

Have you ever been CONVICTED of a Felony? Yes _____ or No _____

Sheriff's Office Use Only

APPLICATION COMPLETE FEES PAID BACKGROUND CHECK

TRAINING DATE ___/___/___ TEST SCORE ID DEPOSIT UPDATED CAMS

Approved By _____ ID # _____ Date Issued _____

TERMINATION DATE: ___/___/___ REASON: _____



PROCESS SERVER AGREEMENT WITH THE JACKSONVILLE SHERIFF'S OFFICE

PART 1. INDIVIDUAL'S AGREEMENT WITH THE JACKSONVILLE SHERIFF'S OFFICE

The undersigned does hereby apply for an appointment by the Sheriff of Duval County as a Special Process Server and in consideration of any such appointment agrees to the terms and conditions as set forth herein. The undersigned shall:

Conform and abide by the requirements of Florida State Statute 48.021 and any other applicable laws and/or regulations that apply. _____

Initial

Have sound understanding and abide by the rules and guidelines set forth by the Jacksonville Sheriff's Office Operational Order 13.02 _____

Initial

Agree that such appointment shall be construed as temporary and is a privilege and not a right. Failure to be professional and to follow the rules, guidelines and requests set forth by the Jacksonville Sheriff's Office regarding the Special Process Server Program will result in your appointment being revoked. _____

Initial

Serve only **non-enforceable process**. _____

Initial

Agree to openly display his or her Sheriff's Office identification when serving process. Additionally, agree to use his or her Sheriff's Office identification only while serving process in Duval County and further acknowledge that their special process server's identification will not be used for any purpose not related to service of process. _____

Initial

Agree and acknowledge your first and last name along with the listed public phone number that appears on this application will be placed on the Jacksonville Sheriff's Office Civil Unit website for public viewing. _____

Initial

Charge only a reasonable fee for services; conduct business in a professional and courteous manner at all times. _____

Initial

Hold harmless and indemnify the Sheriff and his agents, appointees and employees against any claim, suits, judgments of any kind and nature whatsoever that may arise from or could be caused by any act or failure to act on the part of the appointee. _____

Initial

Certify that the applicant is not and shall not act as any agent or employee of the Sheriff so as to impose liability on the Sheriff by reason of the doctrine of respondent superior but shall perform services on behalf of the person or organization hiring his or her services in connection with service of process. Further, applicant agrees not to imply in any way that he or she is an agent, deputy or employee of the Sheriff of Duval County. _____

Initial

Serve no process in which he/she has an interest in the cause of action and shall not willfully or knowingly execute a false return of service or otherwise violate the oath of office. Also, acknowledge that a violation thereof may cause applicant to be guilty of a felony of the third degree, punishable as provided for in Florida State Statutes 775.082, 775.083, 775.084; and as such, the applicant could be permanently barred from serving process in Duval County, Florida. Furthermore, agrees that this applicant shall not simulate or circulate process as prohibited by Florida State Statute 817.38. _____

Initial

Report to the Process Server Coordinator in writing within 48 hours of notification of lawsuits brought against the special process server due to actions as a process server appointed by the Sheriff. _____

Initial

Agree that the Sheriff's identification card issued to each special process server shall remain the property of the Sheriff. A one hundred (\$100.00) dollar deposit is required from each special process server before an I.D. card is issued. Each year when the ID card expires it shall be returned to the Process Server Coordinator within 30 days from the date of expiration. The expiration date is printed on the face of the ID card. Failure to do so will result in your \$100.00 ID deposit being forfeited. _____

Initial

The \$100.00 deposit will be refunded when the ID refund form is filled out and the ID is returned. If lost or stolen, it will be reported immediately to the Process Server Coordinator. A Police report is required for all lost/stolen ID cards and the report number is to be given to the Process Server Coordinator. There will be a fifty (\$50.00) dollar replacement fee for lost cards. _____

Initial

Update process server's application contact information (name, change of address and telephone numbers) and forward it to the Process Server Coordinator within 7 calendar days of the change. _____

Initial

Agree to keep a current email address on file with the Process Server Coordinator. _____

Initial

Agree to fully cooperate with investigations into all allegations of misconduct and/or violations of this agreement and forward all requested statements, documents or other material to the Sheriff or his designee for disposition. Furthermore, acknowledge that failure to comply with a request made by a member of the Sheriff's Office designated to investigate a complaint could result in immediate revocation of the special process server's appointment. The decision of the Sheriff or his designee shall be final. _____

Initial

Acknowledge that any special process server who has his/her appointment suspended/revoked for misconduct in another county will also have their appointment suspended or revoked in Duval County. _____

Initial



PROCESS SERVER AGREEMENT WITH THE JACKSONVILLE SHERIFF'S OFFICE

PART 1. INDIVIDUAL'S AGREEMENT WITH THE JACKSONVILLE SHERIFF'S OFFICE (Continued)

Acknowledge that a special process server who has his or her appointment revoked or suspended may appeal the disciplinary action with the Chief of the Community Affairs Division. The appeal request must be made in writing, by certified mail and within 21 days of being notified of revocation. A special process server is entitled to only one appeal per revocation or suspension. The Chief of Community Affairs' decision in the appeal of a disciplinary action will be final and binding. No further appeal is available to appointee. _____

Initial

Prepare a return of service for all service of process served or attempted service in Duval County prior to returning the documents to the court, plaintiff or plaintiff's agent. Furthermore, agree to be responsible for the service associated with returns bearing the applicant's name. _____

Initial

Maintain a legible and complete Process Server Worksheet (PSW) as prescribed by the Jacksonville Sheriff's Office documenting all service attempts, to include who was actually served. _____

Initial

Maintain returns of service with the associated Process Server Worksheet (PSW) of all process served or attempted service in Duval County for a three-year period. Further agree to maintain the files in a physical location that is reasonably available for inspection by the Jacksonville Sheriff's Office during normal business hours. _____

Initial

Submit a Service of Process Report to the Jacksonville Sheriff's Office by the 10th of each month summarizing all process served or attempted served for the previous calendar month and agree the report will be in a format as prescribed by the Jacksonville Sheriff's Office. The report shall be hand delivered to the Civil Unit window or sent through the US Postal Mail. If no process has been served for the previous month an email stating "No Service" must be sent by the 10th of each month to the Process Server Coordinator. Failure to submit a report three times during your 12 month appointment will result in your appointment being revoked. _____

Initial

Appointed Special Process Servers will not be armed with any firearm while in the act of serving process in Duval County. Armed with a firearm means concealed on one's person, concealed in a bag or container being actively carried, openly carried on one's person, or any other means that makes a firearm readily accessible while serving process, regardless of other licenses possessed by the individual server. This does not preclude Appointed Special Process Servers from exercising their lawful second amendment rights while not serving process in Duval County. _____

Initials

Acknowledge that any violation of the aforesaid Rules and Regulations may subject the special process server to immediate revocation. _____

Initial

SIGNATURE

Before me personally appeared (*Print*) _____, who under oath states that he/she has read and fully understands the foregoing provisions and that he/she will honestly, diligently and faithfully exercise the duties of the office of Special Process Server.

State of Florida, Duval County Sworn and subscribed before me This day _____ of _____, 20 _____

Notary: _____ My Commission expires: _____ Notary Stamp:



Office of the Sheriff Consolidated City of Jacksonville Special Process Server Application

Applicant Name (Print) _____

NO ENTITLEMENT TO COMPENSATION

I agree that my performance of any duties pursuant to my appointment as Special Process Server of Duval County shall not entitle me to receive any compensation from the Jacksonville Sheriff’s Office for those services rendered.

Date

Signature

FLORIDA STATUTE 48.021 ACKNOWLEDGEMENT

This is to certify that I, _____, do not have any pending criminal cases against me. There is no record of any felony convictions against me, nor a record of any misdemeanors involving moral turpitude or dishonesty with respect to me within the past five years.

Date

Signature

FLORIDA STATUTE 48.021 ACKNOWLEDGEMENT

I understand that Florida Statute 48.021 provides in part that:

Any Special Process Server shall be disinterested in any process he/she serves, and if he/she willfully and knowingly executes a false return of service or otherwise violates the oath of office shall be guilty of a felony in the third degree.

Date

Signature

FLORIDA STATUTE 48.021 ACKNOWLEDGEMENT

I certify that:

The information provided in this application is true and correct. I am a permanent resident of the State of Florida. I am at least 18 years of age. I do not have any mental or legal disability.

Date

Signature

FLORIDA STATUTE 48.021 ACKNOWLEDGEMENT

Before me personally appeared _____, who on oath states that he/she has read and fully understands the foregoing provisions and that he/she will honesty, diligently and faithfully exercise the duties of the office of Special Process Server.

Date

Signature

State of Florida, Duval County Sworn and subscribed before me This day _____ of _____, 20_____

Notary: _____ **My Commission expires:** _____ **Notary Stamp:**



**FINGERPRINT AND/OR CRIMINAL HISTORY REQUEST FORM
PLEASE PRINT ALL INFORMATION**

LAST NAME	FIRST NAME	MIDDLE NAME	MAIDEN NAME			
RESIDENCE	DATE OF BIRTH		PLACE OF BIRTH			
	SEX	RACE	WEIGHT	HEIGHT	EYES	HAIR
SOCIAL SECURITY NUMBER	SCARS, MARKS, TATTOOS, AMPUTATIONS					

DO NOT WRITE BELOW THIS LINE

		<u>Reason for Request</u>			
DATE OF REQUEST ID #		ADULT ENT	_____	IMMIGRATION	_____
_____	OF PERSON				
JSO#	TAKING REQUEST	CITY APP	_____	CIVIL DEF	_____
_____	OF PERSON DOING	SHERIFF APP	_____	REAL ESTATE	_____
FBI #	NAME SEARCH	<u>PROCESS SERVER</u>	_____	SECURITIES	_____
_____	OF PERSON	GUN PERMITS	_____	UNIV HOSP	_____
FDLE #	MAKING PRINTS	GUARD SERVICE	_____	OTHER	_____
_____	FP ON FILE	TAXI APP	_____		
	NO RECORD	_____			

P-1048 REV 3/82

NOTE:
DO NOT
TURN THIS FORM IN WITH APPLICATION.
THIS FORM IS PROVIDED FOR USE WHEN BEING FINGERPRINTED.