

IN THE CIRCUIT/COUNTY COURT OF THE FIFTH JUDICIAL  
CIRCUIT IN AND FOR MARION COUNTY, FLORIDA

\_\_\_\_\_  
Plaintiff/Petitioner

Citation #(s): \_\_\_\_\_

vs.

Case #(s): \_\_\_\_\_

\_\_\_\_\_  
Defendant/Respondent

**REQUEST TO BE EXCUSED FROM E-MAIL SERVICE FOR A PARTY NOT  
REPRESENTED BY AN ATTORNEY**

(Name) \_\_\_\_\_ requests to be excused pursuant to Fla. R. Gen. Prac. & Jud. Admin. 2.516(b)(1)(D) from the requirements of e-mail 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: (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:  
\_\_\_\_\_

**CERTIFICATE OF SERVICE**

I certify that a copy hereof has been furnished to the Clerk of Court for Marion County and (insert name(s) and address(es) of parties used for service) \_\_\_\_\_

by  delivery  mail on (date) \_\_\_\_\_.

\_\_\_\_\_  
(Name of party)

**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: \_\_\_\_\_