

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

Case No.: _____

Division: _____

Petitioner,

and

Respondent.

DESIGNATION OF CURRENT MAILING AND E-MAIL ADDRESS

I, {full legal name}, _____, being sworn, certify that:

MAILING ADDRESS:

My current mailing address is:

{Street or Post Office Box} _____,

{City}, _____, {State}, _____, {Zip} _____.

{Telephone No.} _____ {Fax No.} _____.

E-MAIL ADDRESS:**

The following is/are my e-mail address(es) for the purposes of serving and receiving documents:

Primary e-mail address:

Secondary e-mail address No.1: (*May designate up to two secondary e-mail addresses*):

Secondary e-mail address No. 2:

I understand that I must keep the clerk's office and the opposing party or parties notified of my current mailing and e-mail address(es) and that all future papers in this lawsuit will be served at the e-mail address(es) on record at the clerk's office.

**Effective 10/1/22, the designation of an email address is mandatory pursuant to Florida Rules of General Practice and Judicial Administration 2.516 and Florida Family Law Rules of Procedure 12.080 unless excused pursuant to Florida Rules of General Practice and Judicial Administration 2.516(b)(1)(D).

I certify that a copy of this document was _____ e-mailed _____ mailed _____ faxed and mailed _____ hand-delivered to the person(s) listed below on {date}_____.

Other party or his/her attorney:

Name: _____
Address: _____
City, State, Zip: _____
Fax Number: _____
Designated E-mail Address(es): _____

Signature of Party

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] This form was prepared for the: {choose only **one**} _____ Petitioner _____ Respondent

This form was completed with the assistance of:

{name of individual} _____,

{name of business} _____,

{street} _____,

{city} _____, {state} _____, {zip code} _____, {telephone number} _____