

IN THE CIRCUIT COURT OF THE ELEVENTH
JUDICIAL CIRCUIT
IN AND FOR MIAMI-DADE COUNTY,
FLORIDA

FAMILY DIVISION

IN RE:

_____,
Petitioner,
and

CASE NO.:

_____,
Respondent.
_____ /

**AFFIDAVIT OF DILIGENT
SEARCH AND INQUIRY**

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

1. I have made diligent search and inquiry to discover the name and current residence of Respondent: {Specify details of search} Refer to checklist below and identify all actions taken (any additional information included such as the date the action was taken and the person with whom you spoke is helpful) (attach additional sheet if necessary):

[√ all that apply]

- _____ United States Post Office inquiry through Freedom of Information Act for current address or any relocations.
- _____ Last known employment of Respondent, including name and address of employer. You should also ask for any address to which W-2 Forms were mailed, and, if a pension or profit-sharing plan exists, then for any addresses to which any pension or plan payment is and/or has been mailed.
- _____ Unions from which Respondent may have worked or that governed particular trade or craft.
- _____ Regulatory agencies, including professional or occupational licensing.
- _____ Names and addresses of relatives and contacts with those relatives, and inquiry as to Respondent's last known address. You are to follow up any leads of any addresses where Respondent may have moved. Relatives include, but are not limited to: parents, brothers, sisters, aunts, uncles, cousins, nieces, nephews, grandparents, great-grandparents, former in-laws, stepparents, stepchildren.
- _____ Information about the Respondent's possible death and, if dead, the date and location of the death.
- _____ Telephone listings in the last known locations of Respondent's residence.
- _____ Internet at <http://www.switchboard.com> or other Internet people finder or the library checked for me.
- _____ Law enforcement arrest and/or criminal records in the last known residential area for Respondent.
- _____ Highway Patrol records in the state of Respondent's last known address.
- _____ Department of Motor Vehicle records in the state of Respondent's last known address.
- _____ Drivers License Bureau: Department of Highway Safety and Motor Vehicles (DHSMV)
- _____ Department of Corrections Records in the state of Respondent's last known address.

Form C

- _____ Title IV-D (child support enforcement) agency records in the state of Respondent's last known address.
_____ Hospital in the last known area of Respondent's residence.
_____ Utility companies, which include water, sewer, cable TV, and electric, in the last known area of Respondent's residence.
_____ Internet Request to the Armed Services of the U.S. and their printed response as to whether or not there is any information about Respondent.
_____ Tax Assessor's and Tax Collector's Office in the area where Respondent last resided.
_____ Other {explain}: _____

_____.

2. The age of Respondent is [☒ only one box] ☐ known {enter age} _____ or ☐ unknown.

3. **Respondent's current residence**
[☒ only one box]

- ☐ a. Respondent's current residence is unknown to me.
- ☐ b. Respondent's current residence is in some state or country other than Florida, and Respondent's last known address is: _____
_____.
- ☐ c. The Respondent, having residence in Florida, has been absent from Florida for more than 60 days prior to the date of the affidavit, or conceals him(her)self so that process cannot be served personally upon him or her, and I believe there is no person in the state upon whom service of process would bind this absent or concealed Respondent.

4. **Respondent's last known address** as of {date} _____

Address _____
City _____ State _____ Zip _____ Telephone No. _____

Respondent's last known employment as of {date} _____
Address _____
City _____ State _____ Zip _____ Telephone No. _____

Under penalties of perjury, I declare that I have read this document and the facts stated in it are true.

Dated: _____

Signature of Petitioner: _____

Printed Name: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____

E-mail Address(es): _____

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: *{choose only one}* _____ Petitioner _____ Respondent

This form was completed with the assistance of:

{name of individual} _____,

{name of business} _____,

{address} _____,

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