

IN THE CIRCUIT COURT OF THE TENTH JUDICIAL CIRCUIT  
IN AND FOR HARDEE, HIGHLANDS AND POLK COUNTIES, FLORIDA

**ADMINISTRATIVE ORDER NO. 1-29.5**

**IN RE: STANDARDS, REQUIREMENTS, AND PROCEDURES  
GOVERNING CERTIFIED PROCESS SERVERS**

**WHEREAS**, the Florida Legislature has enacted Sections 48.25 through 48.31, Florida Statutes, to provide for certified process servers; and

**WHEREAS**, it is necessary to set forth an administrative means to approve individuals who are eligible by virtue of their training, experience and background to be designated as certified process servers to serve initial non-enforceable process in civil actions filed within this circuit; it is hereby

**ORDERED** that the following standards, requirements, and procedures will take effect immediately:

**I. CERTIFICATION OF PROCESS SERVERS**

- A. The Administrative Office of the Courts and the Clerks of the Court shall maintain a current approved list of certified process servers who meet the requirements herein. This list may be amended to add or delete the names of individuals in accordance with provisions of this Order. The Clerk shall make this list available upon request.
- B. The Tenth Judicial Circuit shall maintain a committee ("Process Server Committee") to implement and supervise the operation of the certification process, to recommend certification or removal of process servers, and such other responsibilities as set forth in this Order.
  1. The members of the Process Server Committee are assigned by the Chief Judge in the Tenth Circuit's Oversight Committees list.
  2. The Process Server Committee may, subject to the approval of the Chief Judge, determine fees and prescribe rules, regulations, and requirements regarding the eligibility of individuals to become or to be maintained as certified process servers.
- C. The certified process server applicant shall fulfill the following requirements:
  1. Complete and verify by oath a copy of the Application Form attached hereto as Attachment 1 and submit the same to the Office of the Court Administrator, Tenth Judicial Circuit. The applicant must pay to the Clerk of the Court, via check or money order, a non-refundable application fee of \$75.00 dollars payable to the "Polk County Clerk of the Court." The applicant should receive a validated receipt and attach such to the Application Form. As a separate payment, the applicant must pay to the Office of the Court Administrator, via check or money order, a fee of \$30.00 dollars payable to the "Polk County BoCC" for the criminal records check,

fingerprints, and first year I.D. badge.

2. Obtain and file with the application a Certificate of Good Conduct in accord with the form attached hereto as Attachment 2.
3. Execute and file with the application, the Certification of Knowledge of Law pertaining to service of process on the form attached hereto as Attachment 3.
4. Execute and file with the Office of the Court Administrator a bond in the amount of five thousand (\$5,000) dollars with a surety company authorized to do business in this state, in the form attached hereto as Attachment 4.
5. Consent to national, Florida (NCIC/FCIC), and local criminal record checks, verifying that there are no pending criminal cases against the applicant and no record of any felony conviction or conviction of any crime involving moral turpitude or dishonesty against the applicant. Local traffic and mental health records may also be obtained and reviewed.
6. Submit electronically a complete set of fingerprints to the Tenth Judicial Circuit, in addition to other state or federal agencies if applicable, as part of the criminal record checks. The applicant shall obtain a set of fingerprints at the Polk County Main Courthouse, 255 North Broadway Avenue, Bartow, Florida 33830, by the Information Systems Consultant (or designated personnel).
  - (a) The cost of fingerprints processing shall be borne by the applicant.
  - (b) The applicant must provide accurate demographic information, possibly including but not limited to one's social security number. Further, the applicant will need to provide proof of identification, such as a Driver's License, at the time of service.
7. Successfully complete a process server education course approved by the Process Server Committee. A list of approved courses will be made available at the Office of the Court Administrator. A process server education course taken in another circuit in the State of Florida will suffice for this section, provided that the course is recognized in the other circuit as a training provider for certification in that circuit.
8. The Process Server Committee, or its designee, shall review each completed application. Upon review, the Process Server Committee, or its designee, shall recommend to the Chief Judge that the applicant be approved or rejected.
9. Upon certification as process server by the Chief Judge, the applicant shall execute and file with the Office of the Court Administrator, an Oath of Office in the form attached as Attachment 5.
10. Upon certification as process server by the Chief Judge, the applicant shall be issued an identification card in the form prescribed by Section 48.29(5) (b), Florida Statutes. Any costs incident to preparation and issuing such card shall be paid by

the applicant.

- (a) Each identification card shall be renewed annually, upon proof of good standing and current bond. A \$5.00 renewal fee shall be paid by the applicant.
  - (b) Failure of any certified process server to renew his or her identification card annually as provided above shall result in their removal from the list of certified process servers and revocation of certification without notice.
- D. The certification of a process server shall be valid for a period of five years (assuming annual renewal as above).
- 1. Upon completion of the five years, the process server's certificate will be invalid.
  - 2. To renew the certificate, re-application must be made following the procedures set forth in Section I. C. (above).
- E. Designations of certified process servers may be withdrawn and the individuals name may be removed from the approved list of certified process servers for malfeasance, misfeasance, neglect of duty, incompetence, conviction of a felony or a crime involving moral turpitude or dishonesty, or failure to comply with any of the provisions of this Order. Withdrawal of designation as a certified process server and removal from the list of certified process servers shall be effected by the deletion of the individual's name from the approval list when a certified process server is in non-compliance with any provisions of this Order. Certified process servers removed from the list shall be notified in writing and return identification cards within twenty-four (24) hours.

## **II. EFFECT OF CERTIFICATION**

- A. Applicants who meet all requirements set out in Paragraph I (C) above and who are approved by the Chief Judge, shall be designated "certified process servers," and the applicant's name shall be added to the current approved list.
- B. The individuals whose names appear on the list, subject to amendment and modification without further Administrative Order, are designated as certified process servers in the Tenth Judicial Circuit of Florida, in and for Hardee, Highlands and Polk Counties, with all powers and duties conferred by Sections 48.25 through 48.31, *Fla. Stat.*
- C. Certified process servers, approved and designated as hereinafter described, shall be empowered to serve non-enforceable civil process in any and all civil actions filed in this circuit without the necessity of appointment by individual motion and order in any such action.
- D. By acceptance of the court's designation as a certified process server, the certified process server agrees to comply with the requirements of this Order.
- E. All certified process servers must keep the Office of the Court Administrator informed of their current address and phone number.

### **III. NO WAIVER OF IMMUNITY**

No provision of this Order is intended to waive, in whole or in part, judicial, sovereign, or other immunity held by courts of this circuit as either a body or an individual.

### **IV. PREVIOUS ADMINISTRATIVE ORDER SUPERSEDED**

This Order supersedes Administrative Order No: 1-29.4, entered on August 31, 2009, and is effective upon signing.

**DONE AND ORDERED** in Chambers in Bartow, Polk County, Florida, on this 31st day of October, 2019.

s/ ELLEN S. MASTERS  
Chief Judge

Distribution:  
All Judges  
Clerks of the Court – Hardee, Highlands and Polk Counties  
Trial Court Administrator  
Electronic Bar Mailing

**ATTACHMENT 1**

**APPLICATION FOR CERTIFIED PROCESS SERVER**

**INSTRUCTIONS:** ANSWER ALL QUESTIONS ACCURATELY AND COMPLETELY, USING DARK INK OR A TYPEWRITER. PLEASE PRINT CLEARLY.

**SOCIAL SECURITY NO:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**NAME:** \_\_\_\_\_  
(Last Name) (First Name) (Middle Name)

**ADDRESS:** \_\_\_\_\_  
(Street) (City) (State) (Zip) (County)

**TELEPHONE NUMBERS:**

**HOME:** \_\_\_\_\_ **BIRTH DATE:** \_\_\_\_\_  
Area Code (Month/Day/Year)

**WORK:** \_\_\_\_\_ **SEX:** \_\_\_\_\_ Male \_\_\_\_\_ Female  
Area Code

**CELL:** \_\_\_\_\_  
Area Code

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

**CERTIFICATION HISTORY:**

Have you been previously certified in and for Polk County? \_\_\_\_\_ If so, when and status of certification. \_\_\_\_\_

Have you been previously certified elsewhere? \_\_\_\_\_ If so, when, where and status of certification. \_\_\_\_\_

If removed, please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was your certification canceled, revoked, or terminated? \_\_\_\_\_ If so, explain:

\_\_\_\_\_  
\_\_\_\_\_

**DRIVER/CRIMINAL HISTORY:**

Driver's License Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Date expires: \_\_\_\_\_

Has your license been suspended or revoked in the last five years? \_\_\_ Yes \_\_\_ No.

If yes, what year? \_\_\_\_\_ Explain: \_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor or are you presently on probation for any criminal offense? \_\_\_\_\_ Yes \_\_\_\_\_ No.

If yes, please give record date, charge, court and disposition of case: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are there any pending criminal charges against you at this time \_\_\_ Yes \_\_\_ No

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DO YOU MEET THE FOLLOWING REQUIREMENTS OF SECTION 48.29(3)(a)-(c), FLORIDA STATUTES?**

1. At least 18 years of age? Age: \_\_\_\_\_

2. Mental or legal disability? None: \_\_\_\_\_

3. A permanent resident of the State of Florida? \_\_\_\_\_ Yes \_\_\_\_\_ No

No, I am a resident of \_\_\_\_\_.

**ARE YOU A CITIZEN OF THE UNITED STATES?** \_\_\_\_\_ Yes \_\_\_\_\_ No

If alien, check which type of work authorization you have:

\_\_\_\_\_ ALIEN REGISTRATION FORM 1-151

\_\_\_\_\_ REFUGEE STATUS FORM 1-94

Verified by: \_\_\_\_\_ Initials \_\_\_\_\_ Date

If naturalized, record the number of one of the following forms of identification:

NATURALIZATION CERTIFICATE NO.: \_\_\_\_\_

U.S. PASSPORT NO.: \_\_\_\_\_

VOTER'S REGISTRATION NO.: \_\_\_\_\_

(Certificates listed here must be presented when filing this application)

Verified by: \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_

**HAVE YOU EVER BEEN A MEMBER OF THE U.S. ARMED SERVICES:**

\_\_\_\_\_ YES \_\_\_\_\_ NO.

TYPE OF DISCHARGE: \_\_\_\_\_ HONORABLE \_\_\_\_\_ GENERAL \_\_\_\_\_

\_\_\_\_\_ OTHER. If "other", explain: \_\_\_\_\_

\_\_\_\_\_

ACTIVE DUTY DATES: Beginning \_\_\_\_\_ Ending \_\_\_\_\_

**LAW ENFORCEMENT:** (needed to determine appropriate release of application information subject to public records disclosure law)

Are you now or were you previously a law enforcement officer? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you the spouse of an active or former law enforcement officer? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is your mother or father an active or former law enforcement officer? \_\_\_\_\_ Yes \_\_\_\_\_ No

**EDUCATION/TRAINING/SKILLS:**

Did you graduate from high school? Yes \_\_\_\_\_ No \_\_\_\_\_

If "yes", give date, name and location of school: \_\_\_\_\_

\_\_\_\_\_

If "high school equivalent"/ G.E.D., give date and source: \_\_\_\_\_

If "no," give highest grade completed: \_\_\_\_\_

COLLEGE/UNIVERSITY NAME AND LOCATION	DATES ATTENDED	DEGREES ATTAINED/ CREDITS RECEIVED
---	----------------	---------------------------------------

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FORMAL TRAINING, SUCH AS VOCATIONAL, BUSINESS, OR OTHER JOB-RELATED COURSES.**

NAME AND LOCATION OF EACH SCHOOL	DATES ATTENDED	SUBJECT STUDIED
----------------------------------	----------------	-----------------

\_\_\_\_\_

---

---

**OCCUPATIONAL/PROFESSIONAL LICENSES OR CERTIFICATES:**

Type: \_\_\_\_\_ Number: \_\_\_\_\_  
Date Obtained: \_\_\_\_\_ Renewal Date: \_\_\_\_\_

**PENDING LICENSE/CERTIFICATE:**

Type: \_\_\_\_\_ Date to be Received: \_\_\_\_\_

**EMPLOYMENT FOR PAST FIVE YEARS (attach additional pages if necessary)**

(1) JOB TITLE \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

Employer Title

Type of Business

ADDRESS: \_\_\_\_\_

IMMEDIATE SUPERVISOR: \_\_\_\_\_ TELEPHONE NO.: \_\_\_\_\_

EMPLOYMENT PERIOD: From: \_\_\_\_\_ To: \_\_\_\_\_ Hours Worked/Week: \_\_\_\_\_

JOB DUTIES: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

(2) JOB TITLE \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

Employer Title

Type of Business

ADDRESS: \_\_\_\_\_

IMMEDIATE SUPERVISOR: \_\_\_\_\_ TELEPHONE NO.: \_\_\_\_\_

EMPLOYMENT PERIOD: From \_\_\_\_\_ To \_\_\_\_\_ Hours Worked/Week: \_\_\_\_\_

JOB DUTIES: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_



(3) JOB TITLE \_\_\_\_\_

EMPLOYER: \_\_\_\_\_  
Employer Title Type of Business

ADDRESS: \_\_\_\_\_

IMMEDIATE SUPERVISOR: \_\_\_\_\_ TELEPHONE NO.: \_\_\_\_\_

EMPLOYMENT PERIOD: From \_\_\_\_\_ To \_\_\_\_\_ Hours Worked/Week: \_\_\_\_\_

JOB DUTIES: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

(4) JOB TITLE \_\_\_\_\_

EMPLOYER: \_\_\_\_\_  
Employer Title Type of Business

ADDRESS: \_\_\_\_\_

IMMEDIATE SUPERVISOR: \_\_\_\_\_ TELEPHONE NO.: \_\_\_\_\_

EMPLOYMENT PERIOD: From \_\_\_\_\_ To \_\_\_\_\_ Hours Worked/Week: \_\_\_\_\_

JOB DUTIES: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

(4) JOB TITLE \_\_\_\_\_

EMPLOYER: \_\_\_\_\_  
Employer Title Type of Business

ADDRESS: \_\_\_\_\_

IMMEDIATE SUPERVISOR: \_\_\_\_\_ TELEPHONE NO.: \_\_\_\_\_

EMPLOYMENT PERIOD: From \_\_\_\_\_ To \_\_\_\_\_ Hours Worked/Week: \_\_\_\_\_

JOB DUTIES: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

---

---

Under penalty of perjury, I swear or affirm that the information provided herein is true and correct. I understand that application information is subject to appropriate public records disclosure law and that as an applicant for Certification as a Process Server, I must attach to this application:

- (1) A copy of the Certification of Completion for required judicial process server course or pre-approved course;
- (2) A copy of my valid Florida Driver's License of State of Florida Identification Card;
- (3) The validated receipt from the Clerk of the Circuit for payment of the \$75.00 non-refundable application fee;
- (4) \$30.00 payment made out to Polk County BoCC for criminal records check, fingerprints, and first year I.D. badge;
- (5) Original \$5,000.00 Surety Bond Certificate or Original Renewal Certificate;
- (6) Certificate of Good Conduct;
- (7) Release of Information;
- (8) Certificate of Knowledge of the Law;
- (9) If applicable, alien/naturalization status proof of residency/citizenship.

I hereby swear of affirm that I will faithfully discharge the duties imposed upon me as a Certified Process Server in accordance with the law and will abide by and effect service of process in accordance with the applicable Florida Statutes and rules of court.

I understand and agree that as an applicant for the status of Certified Process Server, I will post with the Court Administrator a bond in the amount of five thousand dollars (\$5,000) in cash or with sureties approved by the court for the benefit of any person injured by me as a result of any wrongful act or omission relating to my activities as a process server

---

Signature of Applicant

SWORN TO AND SUBSCRIBED before me this \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_, by  
\_\_\_\_\_ who is personally known to me or has produced  
\_\_\_\_\_ identification.

---

NOTARY PUBLIC, STATE OF FLORIDA  
My Commission Expires: \_\_\_\_\_

**RELEASE OF INFORMATION**

I, \_\_\_\_\_, certify that I am over the age of 18 years and a permanent resident of the State of Florida. I have no mental or legal disability and agree to submit to a background investigation, which shall include the right to obtain and review any criminal record I may have. I authorize the release of all information from any law enforcement agency, medical facility, financial institution, or any other private or government agency to facilitate a background investigation concerning this Application for Certified Process Server. I agree that my certification as a Process Server may be revoked at any time if it is determined that I have falsified or misrepresented any part of this application packet or the background information given.

\_\_\_\_\_  
Signature of Applicant

**STATE OF FLORIDA**

**COUNTY OF** \_\_\_\_\_

Acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ by \_\_\_\_\_ who is personally known to me or has produced \_\_\_\_\_ identification.

\_\_\_\_\_  
NOTARY PUBLIC, STATE OF FLORIDA  
My Commission Expires: \_\_\_\_\_

**ATTACHMENT 2**

**CERTIFIED PROCESS SERVER  
CERTIFICATE OF GOOD CONDUCT**

I, \_\_\_\_\_, certify that as of the date of this certificate, I have:

1. No pending criminal case(s) against me.
2. No record of any felony conviction(s).
3. No record of a misdemeanor(s) involving moral turpitude or dishonesty within the past five (5) years.

\_\_\_\_\_  
Applicant/Appointee's signature

\_\_\_\_\_  
Address (including city, zip)

\_\_\_\_\_  
Date

**ATTACHMENT 3**

**CERTIFIED PROCESS SERVER  
CERTIFICATE OF KNOWLEDGE OF LAW**

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_

The undersigned, \_\_\_\_\_, does solemnly swear that (s)he has read and carefully studied Chapter 48, Florida Statutes, as now amended, and is thoroughly familiar with the provisions of Florida law pertaining to service of civil process.

\_\_\_\_\_  
AFFIANT

SWORN TO AND SUBSCRIBED

Before me this \_\_\_\_ Day of  
\_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC, STATE OF FLORIDA

My Commission Expires: \_\_\_\_\_

**ATTACHMENT 4**

**PROCESS SERVER'S BOND**

KNOW ALL MEN BY THESE PRESENTS, that we \_\_\_\_\_  
as Principal, and \_\_\_\_\_ as Surety, are held firmly bound unto  
the Governor of the State of Florida for the benefit of any person wrongfully injured by any malfeasance,  
misfeasance or negligence of the applicant in connection with the duties as a Process Server, in the sum of  
FIVE THOUSAND DOLLARS (\$5,000.00) lawful money of the United States, for the payment whereof,  
we and truly to be made, we bind ourselves, our heirs, executors and administrators, jointly and severally,  
firmly by these presents.

THE CONDITION OF THIS OBLIGATION is such that the above-named Principal has applied  
for certification as a Process Server by the Chief Judge of the Tenth Judicial Circuit, State of Florida, and  
if the above bounden \_\_\_\_\_ shall faithfully perform the duties of his said office,  
as prescribed by law, then this obligation shall be void, otherwise to remain in full force and effect.

This bond shall be for a period of ONE (1) YEAR and may be renewed, by continuation certificate.

SIGNED AND SEALED this \_\_\_\_\_ Day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
PRINCIPAL

\_\_\_\_\_  
(SURETY)

BY: \_\_\_\_\_  
Attorney in Fact

**ATTACHMENT 5**

**CERTIFIED PROCESS SERVER  
OATH OF OFFICE**

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_

I DO SOLEMNLY SWEAR THAT I WILL OBEY THE CONSTITUTION AND LAW OF THE UNITED STATES AND OF THE STATE OF FLORIDA, AND I WILL WELL AND FAITHFULLY DISCHARGE THE DUTIES OF THE OFFICE OF CERTIFIED PROCESS SERVER, OBSERVING AND OBEYING ALL LAWS AND COURT RULES PERTAINING THERETO, AND TO SERVE COURT PROCESS IN ACCORDANCE WITH THE FLORIDA STATUTES.

\_\_\_\_\_  
Signature of Applicant

SWORN TO AND SUBSCRIBED

Before me this \_\_\_\_\_ Day of  
\_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC, STATE OF FLORIDA

My commission Expires: \_\_\_\_\_





## PROCESS SERVER CERTIFICATION CHECKLIST

Enclosed please find a copy of Administrative Order 1-29.5 and an application packet. If you are applying for re-certification, you must still complete the entire packet. The application packet should be completed and all items on the checklist submitted to the Court Administrator's Office to insure certification in a timely manner.

- \_\_\_\_\_ Application for appointment as Process Server
- \_\_\_\_\_ Florida Driver's License of State of Florida Identification Card
- \_\_\_\_\_ Original \$5,000.00 Surety Bond Certificate or Original Renewal Certificate
- \_\_\_\_\_ \$30.00 check or money order fee payable to Polk County BoCC for criminal records check, fingerprints, and first year I.D. badge
- \_\_\_\_\_ \$75.00 check or money order application fee payable to **Clerk of Courts**
- \_\_\_\_\_ Oath of Office
- \_\_\_\_\_ Certificate of Good Conduct
- \_\_\_\_\_ Release of Information
- \_\_\_\_\_ Certificate of Knowledge of the Law
- \_\_\_\_\_ Class Certificate
- \_\_\_\_\_ Agreement form

\*Second year and every year thereafter, \$5.00 fee payable to Polk County BoCC for mandatory I.D. Badge.

**Please mail to:** Office of the Court Administrator  
P.O. Box 9000, Drawer J102  
Bartow, FL 33831-9000

Due to ongoing COVID-19 related restrictions, Court Administration continues to provide support regarding this court service through the use of remote technology.

Accordingly, any and all Certified Process Server related inquiries must be made telephonically by calling the Administrative Office of the Court at (863) 534-4686.