FORM 1.924. AFFIDAVIT OF DILIGENT SEARCH AND INQUIRY

I, {full legal name} (individually or an Employee of			
), being sworn, certify that the fo	llowing information is true:	
1.	[under 18 years old] [age is unknown below and identify all actions take included such as the date the actions the date the actions to the date the actions are such as the date the actions.]	who is [over 18 years old] own] (circle one). Refer to checklist	
[check all	I that apply]		
	Inquiry of Social Security Informat	ion	
	Telephone listings in the last known locations of defendant's residence		
	Statewide directory assistance sear	ch	
	Internet people finder search {spec	ify sites searched}	
	Voter registration in the area where reside.	e defendant was last known to	
	Nationwide Masterfile Death Search	ch .	
	Tax Collector's records in area who reside.	ere defendant was last known to	

	Tax Assessor's records in area where defendant was last known to reside			
	Department of Motor vehicle records in the state of defendant's last known address			
	Driver's License records search in the state of defendant's last known address.			
	Department of Corrections records in the state of defendant's last known address.			
	Federal Prison records search.			
	Regulatory agencies for professional or occupation licensing.			
	Inquiry to determine if defendant is in military service.			
7.	Last known employment of defendant.			
{List all additional efforts made to locate defendant}				
2				
Attempts to Serve Process and Results				

I inquired of the occupant of the premises whether the occupant knows the location of the borrower-defendant, with the following results:				
	2	current residence		
[check	c one	onlyl		
	a.	''s current resident is		
		unknown to me.		
-	b.	''s current residence is in		
		some state or country other than		
		Florida and's last known address is:		
	c.	The, having residence in		
		Florida has been absent from Florida for more than 60		
		days prior to the date of this 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		

I understand that I am swearing or affirming under oath to the truthfulness of

the claims made in this affidavit and that the punishment for knowingly making a false statement includes fines and/or imprisonment.

Dated:		
	Signature of Affiant	
	Printed Name:	
	Address:	
	City, State, Zip:	
	Phone:	
36	Telefacsimile:	
STATE OF		
	pefore me on this day of, 20	
*		
	NOTARY PUBLIC	
	STATE OF	
	(Print, Type, or Stamp Commissioned	
	Name of Notary Public)	
Personally known Produced identification Type of identification produc	ed	
NOTE: This form is used to obtain constructive service on the defendant.		