## IN THE COUNTY/CIRCUIT COURT OF THE SECOND JUDICIAL CIRCUIT IN AND FOR LEON COUNTY, FLORIDA

Petitioner/Plaintiff,	
vs.	Case #:
Defendant/Respondent.	_/
CERTIFI	CATE OF SERVICE
I certify that a copy of	
	{name of document(s)} was [select one only]
() mailed () faxed and mailed () har	nd delivered to the person listed below on
{{date}}.	
Other party or his/her attorney: Name: Address:	
Address:City, State, Zip:	
Fax Number:	
	Signature of Party Printed Name: Address: City, State, Zip: Telephone Number:
	Fax Number: