

**BECOMING A SPECIAL PROCESS SERVER**  
**IN FLAGLER COUNTY**

1. Must be at least 18 years of age.
2. Be a permanent resident of the State of Florida.
3. Fill out the Application, including a Background Waiver form and submit a non-refundable application and administration fee of \$160.00 made payable directly to Flagler County Sheriff's Office.
4. During normally scheduled business hours report to the Flagler County Sheriff's Office, District 2 and submit fingerprints for a background check.
5. Have no record of any felony convictions.
6. Have no record of misdemeanor convictions involving moral turpitude or dishonesty.
7. Have no record of arrests or convictions of any kind within the past five (5) years.
8. Successfully complete an initial training course with either Keating Civil Process Training or Avalon Legal Information Services, Inc. To be considered an applicant must be certified in Civil Process Service by either Keating or Avalon. The applicant is responsible for all fees and costs associated with certification.<sup>1</sup>
9. Submit to an examination testing the applicant's knowledge of the laws and rules regarding the service of process. The content of the examination and the passing grade thereon, and the frequency and the location at which the examination is offered must be prescribed by the sheriff. The examination must be offered at least once annually.
10. Obtain and maintain a bond in the minimum amount of \$5,000.00 with a surety company authorized to do business in the State of Florida for the benefit of any person wrongfully injured by any malfeasance, misfeasance, neglect of duty, or incompetence of the Applicant in connection with his or her duties as a process server.
11. Take an oath that the applicant will honestly, diligently, and faithfully exercise the duties of a special process server.
12. Fully execute the required Special Process Server Appointment Agreement.

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<sup>1</sup> Keating Civil Process Training (386) 405.1911 [gk@gerardkeatinglaw.com](mailto:gk@gerardkeatinglaw.com)  
Avalon Legal Information Services (386) 760-6520

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**Rick Staly, Sheriff**

# **FLAGLER COUNTY SHERIFF'S OFFICE**

*"An honor to serve, a duty to protect."*

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## **SPECIAL PROCESS SERVER APPLICATION**

[ ] New Application [ ] Renewal Application, ID Number \_\_\_\_\_

Name: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Driver's License Expiration Date: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Length of Time at address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Supervisor/Employer Phone Number: \_\_\_\_\_

Length of time at present employment: \_\_\_\_\_

Education (include highest grade completed): \_\_\_\_\_

Have you ever been or are you now employed by any law enforcement agency? If yes, what agency, position, and dates of employment.

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Have you ever been arrested or detained by any police authority or government official?

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Have you ever been convicted or pled guilty, no contest, or nolo contendere to any criminal offense?

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**Character Witnesses**

Applicant must provide three-character witnesses who have personally known the Applicant for a year or more and will attest to his/her good moral character. Character witnesses may not be a member of the household of Applicant. Character Witnesses Forms shall be provided by FCSO Human Resources directly to the Character Witness.

- Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_
  
- Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_
  
- Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_

**No Entitlement to Compensation from FCSO**

The undersigned applicant, acknowledges, understands, and agrees that my performance of any duties to my appointment as Special Process Server of Flagler County shall not entitle me to receive any compensation from the Flagler County Sheriff’s Office for those services rendered.

**Certificate of Good Conduct**

*Pursuant to Section 48.021(2)(b)(5), Florida Statutes, I provide this Certificate of Good Conduct specifying that I do not have any pending criminal cases against me, and no record of any felony conviction, nor a record of a misdemeanor involving moral turpitude or dishonesty. I further understand and agree that this document is to be submitted, signed and notarized, as part of my application, and will become a permanent part of my application and file.*

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**Special Process Servers Shall be Disinterested; False Returns of Service or Violations of Oath of Office**

I understand per Section 48.021(4), Florida Statutes:

*Any special process server shall be disinterested in any process he or she serves; and if the special process server willfully and knowingly executes a false return of service or otherwise violates the oath of office, he or she shall be guilty of a felony of the third degree*

**Age, Residency and Disabilities Acknowledgement**

- I am a permanent resident of the State of Florida. Should I change my residence at anytime during my appointment as a special process server, I shall immediately notify the Flagler County Sheriff's Office.
- I am at least 18 years of age.
- I do not have any mental or legal disability.

\_\_\_\_\_ Date: \_\_\_\_\_  
 Signature of Applicant

STATE OF FLORIDA  
 COUNTY OF \_\_\_\_\_

BEFORE ME, on this \_\_\_(day) of \_\_\_\_\_ (month), \_\_\_\_\_ (year), personally appeared \_\_\_\_\_, the aforesaid Applicant, who [ ] is personally known to me or [ ] produced identification, specifically \_\_\_\_\_ as the type of identification, and on oath says and deposes that he/she has read and understood the foregoing provision of this Application and has signed same fully intending to be bound thereby and that \_\_\_\_\_ will honestly, diligent and faithfully exercise the duties of the Office of Special Process Server if appointed.

(NOTARY SEAL) \_\_\_\_\_  
 Signature of Notary Public

My commission expires: \_\_\_\_\_



**PERSONAL REFERENCE FORM**  
**New Applicants ONLY**

\_\_\_\_\_ is an applicant being considered as a SPECIAL PROCESS SERVER with the Flagler County Sheriff's Office and has provided your name as a personal reference. We would greatly appreciate your prompt completion of this brief questionnaire. Upon completion of this Personal Reference Form, please sign it and return it to the Flagler County Sheriff's Office located at 61 Sheriff E.W. Johnston Dr, Bunnell, Florida 32110. Thank you for your cooperation and expedient reply.

1. Are you a relative of the applicant? \_\_\_\_\_ (yes/no) (This includes being related through marriage.) If yes, what is your relationship? \_\_\_\_\_

2. How many years have you known the applicant?  
\_\_\_\_\_

3. How did you become acquainted with the applicant?  
\_\_\_\_\_

4. Does he/she make friends easily? \_\_\_\_\_ If no, state reason:  
\_\_\_\_\_

5. Have you ever observed the applicant under stress? \_\_\_\_\_ If yes, under what circumstances?  
\_\_\_\_\_

6. Could you trust the applicant with confidential matters?  
\_\_\_\_\_

7. Does he/she mix well with a group?  
\_\_\_\_\_

8. Have you ever seen the applicant drink alcohol? \_\_\_\_\_ If yes, how much and under what circumstances?  
\_\_\_\_\_



9. Does the applicant tend to be irrational in conversations or disagreements?

\_\_\_\_\_

10. Have you ever seen the applicant become upset or loss his/her temper?  
\_\_\_\_\_ If yes, under what circumstances?

\_\_\_\_\_

11. Is the applicant willing to do things for others even at his/her own inconvenience?

\_\_\_\_\_

12. Has the applicant ever discussed his/her ambitions with you?  
\_\_\_\_\_ If yes, what are they?

\_\_\_\_\_

13. Are you aware of any circumstances that might disqualify the applicant for public service?  
\_\_\_\_\_ (yes/no). If yes, what?

\_\_\_\_\_

14. Any other comments you wish to make:

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_



# FLAGLER COUNTY SHERIFF'S OFFICE AUTHORITY FOR RELEASE OF INFORMATION (Background Investigation Waiver)

To: **Concerned Person or Authorized Representative of Any Organization, Institution or Repository of Records**

From **Flagler County Sheriff's Office (Requesting Agency)  
61 Sheriff EW Johnston Dr  
Bunnell, FL 32110**

Re: **Applicant's Name:** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_\_  
**Last 4 SSN:** \_\_\_\_\_

Having made application for appointment as a Special Process Server within Flagler County, in the state of Florida, I hereby authorize for one year, from the date of execution hereof, any authorized representative of a Florida criminal justice agency or a Regional Criminal Justice Selection Center bearing this release to obtain any information pertaining to my employment, credit history, education, residence, academic achievement, personal information, work performance, background investigations, polygraph examinations, internal affairs investigations or disciplinary records, including any files that are deemed to be confidential and/or sealed.

I also authorize release of any criminal justice records of arrests, citations, detentions, probation and parole records, or any police reports or other police records in which I may be named for any reason, including any files that are deemed to be juvenile and confidential. I hereby direct you to release this information upon the request of the bearer, whether in person or by correspondence. I further authorize the bearer to make copies of these records.

This release is executed with the full knowledge and understanding that these records and information are for the official use of a Florida criminal justice agency or Regional Criminal Justice Selection Center in fulfilling official responsibilities, which may include sharing the records or information with other criminal justice agencies, Regional Criminal Justice Selection Centers or the State of Florida or release to third parties as may be required by Florida public records laws. I hereby release you, as the custodian of such records, and employer, educational institution, physician, hospital or other repository of medical records, credit bureau or consumer reporting agency, including its officers, employees, and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. A copy of this form will be as effective as the original.

I hereby authorize the National Records Center, St. Louis, Missouri, or other custodian of my military record to release information or copies from my military personnel and related medical records, including a copy of my DD 214, Report of Separation, or other official documents from the United States Military denoting discharge status or current active military status to the Requesting Agency and address listed above.

Section 768.095, F.S., titled Employer Immunity from Liability; disclosure of information regarding former or current employees states: An employer who discloses information about a former or current employee to a prospective employer of the former or current employee upon request of the prospective employer or of the former or current employee, is immune from civil liability for such disclosure of its consequences, unless it is shown by clear and convincing evidence that the information disclosed by the former or current employer was knowingly false or violated any civil right of the former or current employee protected under chapter 760, Florida Statutes. **Pursuant to Sections 943.134(2)(a) and (4), F.S., Chapter 2001-94, Laws of Florida, disclosure of information is required unless contrary to state or federal law. Civil penalties may be available for refusal to disclose non-privileged legally obtainable information.**

\_\_\_\_\_  
Applicant's Signature \_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Address

### OATH

Pursuant to Section 117.05(13)(a), Florida Statutes

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

Sworn to (or affirmed) and subscribed before me by means of Physical Presence  OR Online Notarization  this \_\_\_\_\_

day of \_\_\_\_\_, year \_\_\_\_\_, By \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public – State of Florida

\_\_\_\_\_  
Print, Type, or Stamp Commissioned name of Notary Public

Personally Known  OR Produced Identification

Type of Identification Produced \_\_\_\_\_