



KEN BURKE
CLERK OF THE CIRCUIT COURT AND COMPTROLLER
PINELLAS COUNTY, FLORIDA

CIVIL COURT RECORDS
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Clerk of the County Court
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Custodian of County Funds
County Auditor
Clerk of the Water and Navigation Control Authority

315 Court Street, Room 170
Clearwater, FL 33756-5165
Telephone: (727) 464-7000

Dear Petitioner,

Before the Court can make a final decision in your Injunction for Protection case, service of the Order of the Court/Notice of Hearing must be served/hand-delivered upon the Respondent by a law enforcement officer.

Lack of service may cause you to be required to appear in court multiple times; the Court may ultimately dismiss your case if service is not affected after multiple continuances. It is, therefore, very important that you provide as accurate an address for service as possible.

If the Respondent in your Injunction for Protection case resides outside of the State of Florida you will need to provide the following information:

- 1) The person's full and accurate address where they can be served (home and/or place-of employment) by law enforcement.
- 2) An area code for the city where the person lives
- 3) To contact Directory Assistance in the City for a phone number for the Sheriff's Department for the address where the person lives. To obtain this information, call (Area Code) + 555-1212, and ask the operator for the City you need, then ask for the Sheriff's Department telephone number.
- 4) From the Sheriff's Department (usually the Civil or Warrants Division), obtain the following:
 - a. Their address for mail delivery.
 - b. How many certified copies of the Temporary Injunction for Protection they'll need,
 - c. How much they charge for serving a person with an Injunction for Protection.
 - d. When they'll send you an Affidavit of Service (which must be filed with the Court here).
 - e. Any other information they'll need to serve a person

Please complete as much of the Out of State Service information requested below as possible.

Name of Respondent: _____
First Middle Last

Respondent's Home Address: _____
Street City, State / Zip

Respondent's Employer: _____

Employer's Address: _____
Street City, State / Zip

Name of County and State Respondent Resides In: _____
County State

Name of Sheriff or Serving Agency: _____

Address for Sheriff or Serving Agency: _____
Street City, State / Zip

Fee for Service (if any): \$ _____ **Any Additional Requirements:** _____