

IN THE COUNTY/CIRCUIT COURT OF THE 10th JUDICIAL CIRCUIT  
IN AND FOR POLK COUNTY, FLORIDA

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Plaintiff/ Petitioner/State

CASE NO: \_\_\_\_\_

v.

DIVISION: \_\_\_\_\_

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Defendant/ Respondent

**REQUEST TO BE EXCUSED FROM E-MAIL SERVICE FOR PARTY  
NOT REPRESENTED BY ATTORNEY [FORM 2.601]**

\_\_\_\_\_ requests to be excused pursuant to Fla. R. Gen. Prac. & Jud. Admin. 2.516(b)(1)(D) from the requirements of e-mail service because I am not represented by an attorney and:

I do not have an e-mail account.  
 I do not have regular access to the internet.

By choosing not to receive documents by e-mail service, I understand that I will receive all copies of notices, orders, judgments, motions, pleadings, or other written communications by delivery or mail at the following address:

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I understand that I must keep the clerk's office and the opposing party or parties notified of my current mailing address.

Pursuant to section 92.525, Florida Statutes, under penalties of perjury, I declare that I have read the foregoing request and that the facts stated in it are true.

**CERTIFICATE OF SERVICE:** I certify that a copy has been furnished by  e-mail,  delivery,  mail [choose one] on \_\_\_\_\_ to:

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(Insert name(s) and address(es))

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

Phone: \_\_\_\_\_ Print Name: \_\_\_\_\_

**CLERK'S DETERMINATION.** Based on the information provided in this request, I have determined that the applicant is  excused or  not excused from the e-mail service requirements of Fla. R. Gen. Prac. & Jud. Admin. 2.516(b)(1)(C).

Dated: \_\_\_\_\_ Signature of Clerk: \_\_\_\_\_

**A PERSON WHO IS NOT EXCUSED MAY SEEK REVIEW BY A JUDGE BY REQUESTING A HEARING TIME.**

Sign here if you want the Judge to review the clerk's determination that you are not excused from the e-mail service requirements. You do not waive or give up any right to judicial review of the clerk's determination by not signing this part of the form:

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

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