

Name: _____

- New
- Renewal (PPS # _____)

Special Process Server Application



Pasco Sheriff's Office Civil Process Unit

8700 Citizen Drive
New Port Richey, FL 34654
(727) 815-7188 - (352) 518-5001

This Section for PSO Use Only

Application Received: _____

- Completed Application
- Certificate of Training
- Copy of Surety Bond
- Background Check
- Letters of Recommendation (3)
- Fee (\$250 New; \$200 Renew)

Criminal History Review: _____

Approved by Legal Counsel: _____

Approved by Office of the Sheriff: _____

Expiration Date: _____



Pasco Sheriff's Office



STATEMENT OF PURPOSE FOR COLLECTION OF SOCIAL SECURITY NUMBERS

PSO Case No. (If applicable): _____

The Sheriff's Office collects social security numbers from individuals under certain circumstances, including, but not limited to: (1) employment applications; (2) arrestees; (3) individuals booked into the detention facility; (4) individuals required by law to register with the Sheriff's Office and required to provide social security numbers as identification; (5) citizen contacts during a consensual field interview; (6) traffic stops to verify identity of the driver and any other individuals present in the vehicle; (7) traffic citations; (8) when specifically authorized to do so by law, or when collection is imperative for the performance of the Sheriff's Office's duties and responsibilities as prescribed by law. All social security numbers collected by the Sheriff's Office are confidential and exempt from Florida's public records act. These social security numbers may be disclosed to another law enforcement agency or governmental entity if disclosure is necessary for the receiving agency or entity to perform its duties and responsibilities.

The Pasco Sheriff's Office may have collected your social security number. The purpose of collecting, and the intended use(s) of, your social security number are to facilitate, ensure or enable:

1. Accuracy in our identification of you;
2. The proper crime is charged;
3. Effectiveness in our police practices;
4. Our ability to protect the health and safety of persons; and/or
5. Participation in mandatory federal programs such as income, SS and Medicare taxation.

Collection of your social security number was (check one):

Mandatory (If we have mandated your disclosure of your social security number, we have done so under the authority of Title 42, Sec. 405 of the Tax Reform Act of 1976; or Florida Statutes Chapters 901 or 933 (relating to arrest or search warrant), Chapter 937 (missing persons), or Chapter 790 (investigations/return of firearms).

Voluntary

From a source other than you

I acknowledge that the Pasco Sheriff's Office has provided me with a copy of this written statement.

Printed Name: _____ Signature: _____

Date: _____

Statement of Policy
and
Certificate of Good Conduct of Special Process Servers

Service of process is the first contact that many individuals will have with the court system. Legal proceedings are often stressful and upsetting to the parties involved. In order to respect the rights of the public and to promote efficient and orderly service of process, the Pasco Sheriff's Office has adopted this Statement of Policy. It is the policy of the Pasco Sheriff's Office that Special Process Servers conduct themselves at all times with the utmost professionalism and treat all citizens to be served with dignity and courtesy.

In order to achieve these goals, the Sheriff requires that the following specific rules be observed by all Special Process Servers:

1. Process Servers shall treat all citizens to be served with respect and courtesy. Process Servers shall refrain from behaving in a threatening or abusive manner and shall avoid physical contact with parties.
2. Process Servers shall refrain from using threatening or vulgar language while serving process.
3. Process Servers shall refrain from attempting to forcibly enter the home or business of a party to be served.
4. Process Servers shall not serve process while under the influence of drugs or alcohol.
5. Process Servers shall not carry weapons or firearms while serving process except to the extent authorized by law.
6. Process Servers shall dress and conduct themselves in an appropriate manner. Collared shirts, business slacks and closed toe shoes shall be worn. There will be no rips, stains, or markings other than the logo of the clothing manufacturer or the name of the process server and/or the process server's company.
7. Process Servers are not employees of the Sheriff and shall not represent themselves as such.
8. Process Servers shall only serve the legal documents and papers included in the civil action for which he/she has been retained to serve process. No additional papers, advertisements or brochures are authorized to be included in the service of process unless prior approval for same has been granted by the Pasco Sheriff.

I have read and understand the foregoing Statement of Policy of Special Process Servers and I agree to comply with the specific rules as well as the general intent of the statement. I certify that there is no pending criminal case against me and that there is no record of any felony conviction, or a record of a conviction of a misdemeanor involving moral turpitude or dishonesty with respect to me personally within the past 5 years. I understand that a violation of the policy above can lead to my removal from the list of Special Process Servers by the Pasco Sheriff.

Signature of Applicant

Date

Printed Name of Applicant

Acknowledgement and Verification

I hereby give the Pasco Sheriff, and/or his or her designee, permission to conduct a thorough investigation of my criminal history, driver's license verification, and to verify all other data I have provided. It is my understanding that this application, by law, will become public record when submitted and the Pasco Sheriff cannot guarantee me its confidentiality.

I certify that there are no intentional misrepresentations, omissions, or falsifications in the foregoing statements and answers, and that the entries made on my application are true, complete, and correct to the best of my knowledge and belief and are made in good faith.

I acknowledge that the Pasco Sheriff cannot and will not answer individualized questions or provide legal advice as to the propriety or legality of any act or conduct of a Special Process Server unless it is raised in the context of the court's judicial decision-making process utilized in disposing of cases and controversies. If a question arises regarding the propriety or legality of any act or the conduct of a Special Process Server, the questioning party(ies) shall seek the advice of their own legal counsel.

Application and/or renewal fees paid to the Sheriff for consideration of this application are used to defer the costs associated with the administration of the program pursuant to Ch. 48.021, F.S. I understand that such fees paid as part of this application are not refundable under any circumstance nor does payment of those fees guarantee appointment as a special process server.

I further agree and consent in advance to being removed from the list of Special Process Servers if any of the information submitted contains misrepresentations or falsifications or if any material information has been omitted. In the event that I am appointed as a Special Process Server, I agree to comply with Florida Statutes pertaining to service of process.

STATE OF FLORIDA COUNTY OF PASCO

I, _____, under penalties of perjury, I declare that I have read the foregoing documents (Pasco County Process Server Application; Statement of Policy and Certificate of Good Conduct of Special Process Servers; Statement of Purpose for Collection of Social Security Numbers; Acknowledgement and Verification) and that the facts stated therein are true.

Furthermore, I, as permanent resident of the State of Florida, do solemnly swear or affirm that I will honestly, diligently, and faithfully exercise the duties of a Special Process Server in Pasco County, Florida.

Signature of Applicant

Printed Name of Applicant

The foregoing document was sworn to and subscribed before me this _____ day of _____, 20____ by _____, who is personally known () or produced identification (type of identification produced _____) to me.

Signature of Notary Public

Printed Name of Notary Public

(SEAL)