IN THE CIRCUIT COURT OF THE TWENTIETH JUDICIAL CIRCUIT IN AND FOR LEE COUNTY, FLORIDA

Out of County Service Request Form

	Case number:		
The Respondent,			
(Name of the Sheriff's Office o	r Police Department)		
ATTN:			
(Mailing Address for service p	acket to be sent to)		
(City)		(State)	(Zip Code)
(
(Telephone Number including			
	ddress:		·
Fax #: _ The service fees:			
Fee required list amou	unt \$		
Check provi	ided to clerk Check #_ PR e check if Temporary Inju		d
		anetion order is grante	u
No fee required for s	ervice		
I understand if locations for provide written notification		-	y responsibility to
I also understand that I am where the service packet so outside of Lee County, Flo	shall be sent based upon	a change of address t	hat is located
To the best of my knowled complete personal service		isted above is the prop	per agency to
Dated:	Signature:		