

IN THE CIRCUIT COURT OF THE SECOND JUDICIAL CIRCUIT
IN AND FOR FRANKLIN COUNTY, FLORIDA
PROBATE DIVISION

IN RE: THE GUARDIAN ADVOCACY OF _____ CASE NO.: _____

_____/_____
Respondent's Name
Person with a Developmental Disability

**NOTICE OF DESIGNATION OF E-MAIL ADDRESS AND
CELLULAR PHONE NUMBER FOR E-SERVICE
(Form N)**

I, *(full legal name)*, _____, designate my e-mail address(es) and cellular phone number below (up to 3 different email addresses) to opt in E-service in this case.

Primary Email Address: _____

Cellular Phone Number: _____

Secondary Email Address: _____

Other Email Address: _____

1. By completing this form, I am authorizing the Court, the Clerk of the Second Judicial Circuit of Florida and the opposing party to send copies of orders/judgment, notices or other written communications or pleadings to me through my designated e-mail and NOT through regular U.S. Mail.
2. I understand that I must keep the Clerk's office and the opposing party or parties of my current mailing and e-mail address(es) and cellular phone number that all future orders/judgment, notices or other written communications or pleadings in this lawsuit will be served at the e-mail address(es) and cellular numbers provided on record at the Clerk's office.
3. I will ensure the software filters or number blocks have been removed from my computer and cellular phone, so it does not interfere with my ability to receive any of the above documents.

I certify that a copy of this document was (check all that apply) _____ e-mailed
_____ mailed _____ hand delivered to the person(s) listed below on (date) _____
_____.

Other party or his/her attorney:

Name: _____
Address: _____
City, State, Zip: _____
Cellular Phone Number: _____
Designated E-mail Address(es): _____

Dated: _____

Signature of Party

STATE OF FLORIDA
COUNTY OF FRANKLIN

Sworn to or affirmed and signed before me on _____, by _____
_____.

NOTARY PUBLIC or DEPUTY CLERK

(Print, type, or stamp commissioned name of notary or clerk.)

____ Personally known
____ Produced identification
Type of identification produced _____

IF AN NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW:

This form was completed with the assistance of:
(name of individual) _____,
(name of business) _____,
(street) _____,
(city) _____, *(state)* _____, *(zip code)* _____,
(telephone number) _____