



Certification of Diligent Search

Superior Court of New Jersey - Chancery Division - Family Part

Who Should Use This Packet?

You can use this packet if your **case type starts with the letters FD.**

A Non-Dissolution (FD) case is a court case about family matters such as custody, parenting time, child support, spousal support for married people that are separated, and requests from relatives such as grandparents, aunts, or uncles filing in court about the custody and care of minor children. A diligent search is used for a Non-Dissolution (FD) case when the person filing in court does not have an address for the person they are filing against in the case. That parent or legal guardian should receive a notice to appear in court.

This packet includes information on attempting to find the location of the parent or legal guardian named in your case, along with sample letters and forms that can be used to ask for location information. You must send a letter or complete the identified forms for **all** locations listed on the next page. If you omit any location, you must explain to the court the reason for excluding that particular place.

The court must determine that you have made a serious effort to obtain information about the location of the parent or guardian named in your case, and that you have followed up on any information that you have received about their whereabouts. The Certification of Diligent Search form is returned to the Court along with copies of all letters or forms you have sent and any responses you have received.

Instructions – How to Complete the Diligent Search Certification

You should send the letters or forms listed below to any people or agencies that might have an address for the parent or guardian named in your case. You must keep copies of the letters you send and any responses you receive so you can submit them to the court as evidence of your attempts to find the parent or guardian. These letters and forms include:

- a) Letters sent to the parent’s or guardian’s relatives and last known employers who might know their address. This letter should be sent by both regular and certified mail, return receipt requested. The signed return receipt card (or electronic receipt) should be submitted to the court as evidence.
- b) If the parent or guardian had a driver’s license in New Jersey, submit a completed “Driver License Application Request” form to the New Jersey Motor Vehicle Commission (MVC), along with any required fee. If you have access to the Internet, you can obtain the form at www.njmvc.gov and a copy is included with this packet. If the parent or guardian lived in another state, you should contact that state’s motor vehicle department to ask them how to request this information.
- c) The U.S. Department of Defense (Defense Manpower Data Center), request for a Certification of Military Service or Non-Service – General. If the U.S. Department of Defense does not provide enough information, the Court might ask you to send separate letters to the different branches of the U.S. Military. If you are required to send additional letters, you can send them by regular mail.

If you have access to the Internet, and you know the parent or guardian’s birth date or Social Security Number, you can obtain information about active military service from the Department of Defense Manpower Data Center (DMDC) at: <https://scra.dmdc.osd.mil/scra/#/home>

If the Court requires you to send letters to the different branches of the U.S. Military, your letters must contain as much information as you know about the parent or guardian, such as their full name, Social Security Number, date and place of birth, last known military address, service number, rank or grade, (officer/enlisted), and last duty assignment. The reason for your request must be included. This process can take several weeks.

For information on sending inquiries to different branches of the U.S. Military, please see the detailed information below and this link: <https://www.usa.gov/military-personnel-and-installations>

Air Force Worldwide Locator:

HQ AFPC/DP1ORM

550 C St West,

Joint Base San Antonio-Randolph TX 78150

Locator Service: <https://www.afpc.af.mil/Support/Worldwide-Locator/>

(210) 565-2660

DSN: 665-2660

Include an envelope with a return address, proper postage affixed and the individual's name in the addressee portion of the envelope. Place this envelope in a larger envelope with your check or money order for \$3.50 made payable to DAO-DE JBSA-R.

The Worldwide Locator also provides a "Statement or Verification of Service". This applies to active duty Air Force personnel only. A fee of \$5.20, per individual written request, is required. Checks or money orders must be made payable to DAO-DE JBSA-R

Army:

(<https://www.marines.mil/FAQ/>)

Commander Soldier's Records Data Center (SRDC)

8899 East 56th Street

Indianapolis, IN 46249-5301

NOTE: All requests must be in writing.

You may also contact them by phone at 1-866-771-6357

U.S. Coast Guard

Commander

Personnel Service Center

ATTN: PSC-BOPS-C-MR

US Coast Guard Stop 7200

2703 Martin Luther King Jr Ave SE

Washington DC 20593-7200

E-mail: MR_CustomerService@uscg.mil

<https://www.dcms.uscg.mil/Our-Organization/Assistant-Commandant-for-Human-Resources-CG-1/Personnel-Service-Center-PSC/BOPS/PSC-BOPS-C/PSC-BOPS-C-MR/>

Fax: 202-372-8440

Marine Corps:

(<https://www.marines.mil/FAQ/>)

Headquarters U.S. Marine Corps

Personnel Management Support Branch (MMSB-17)

2008 Elliott Road,

Quantico, VA 22134-5030

Locator Service: 703-784-3941/3942/3943

Because of the large volume of requests that each service locator receives, please allow at least four weeks processing time for written requests. *Please contact officials of our Defense Manpower Data Center for assistance with military verification. Their telephone number is (703) 696-6762.*

Navy Worldwide Locator

(<https://www.navy.mil/Resources/Frequently-Asked-Questions/>)

BUPERS-07 Customer Service Center

5720 Integrity Drive
Millington, TN 38055-3120
(901)874-3388

- d) You should mail the “Request for Change of Address or Boxholder Information Needed for Service of Legal Process” to the U.S. Post Office where you believe the parent or guardian last resided. This form should be sent by regular mail.

It is important to enclose a self-addressed, stamped envelope with each letter or form to encourage the person or agency to write back to you. Please refer to the attached certification.

The following sample Letters of Inquiry are attached to assist you:

- Letter of Inquiry to Other Party’s Relatives and Last Known Employers
- Letter of Inquiry to Military - Air Force (if necessary)
- Letter of Inquiry to Military – Army (if necessary)
- Letter of Inquiry to Military - Coast Guard (if necessary)
- Letter of Inquiry to Military - Marine Corps (if necessary)
- Letter of Inquiry to Military – Navy (if necessary)
- Request for Certificate of Military Service or Non-Service - General
- Letter of Inquiry to New Jersey Motor Vehicle Commission/“Driver License Application Request” Form
- Letter of Inquiry to the United States Postal Service/“Request for Change of Address or Boxholder Information Needed for Service of Legal Process” Form to be submitted to the United States Postal Service

Letter to Parent's or Guardian's Relatives or Last Known Employers

Filer's Name

Filer's Street Address

City _____ State _____ Zip Code _____

Date

Name of the person to whom you are writing

Street Address of the person to whom you are writing

City _____ State _____ Zip Code _____

RE: _____ Docket Number: _____
Caption/title of case Docket #

Dear _____:
Name of the person to whom you are writing

Please be advised that I have filed a court complaint against

_____ your _____.
Non-filer's name Non-filer's relationship to the person

I write to request that you inform me about the home address of _____,
Non-Filer's name
if you know that information.

I am trying to give notice to _____ of the fact that I have filed
Non-filer's name
a court complaint against _____ so that _____ can appear in court, or answer and defend this
they/them they/them
complaint. To assist you in promptly returning your answer to me, I have enclosed a stamped, self-
addressed envelope.

Thank you for your assistance.

Very truly yours,

Filer's Signature

Letter of Inquiry to Military (Air Force)

Filer's Name

Filer's Street Address

City State Zip Code

Date

HQ AFPC/DP1ORM
550 C St West
Joint Base San Antonio-Randolph TX 78150

Re: Request for a Certificate of Military Service or Non-Service

RE: _____ Docket Number: _____
Caption/title of case Docket #

Dear Sir/Madam,

Please be advised that I have filed a court complaint against _____
Non-filer's name

The two objects of this inquiry are (1) to obtain a certificate of military service or non-service and
(2) to give notice to _____, of the fact that I have filed a court complaint
Non-filer's name
against _____ so that _____ can appear in court, or answer and defend this complaint.
they/them they/them

Please return to me a certificate along with any address that you might have, regardless of whether it is expired. I enclose a check payable to the DAQ-DE and a stamped, self-addressed envelope for this purpose. Thank you for your consideration of this request.

Very truly yours,

Filer's Signature

Letter of Inquiry to Military (Army)

Filer's Name

Non-Filer's Street Address

City State Zip Code

Date

Commander Soldier's Records Data Center (SRDC)
8899 East 56th Street
Fort Benjamin Harrison, IN 46249-5031

Re: Request for a Certificate of Military Service or Non-Service

RE: _____ Docket Number: _____
Caption/title of case Docket #

Dear Sir/Madam,

Please be advised that I have filed a court complaint against _____
Non-filer's name

The two objects of this inquiry are (1) to obtain a certificate of military service or non-service and
(2) to give notice to _____, of the fact that I have filed a court complaint
Non-filer's name
against _____ so that _____ can appear in court, or answer and defend this complaint.
They/them They/them

Please return to me a certificate along with any address that you might have, regardless of whether it is expired. I enclose a check payable to the Finance Officer and a stamped, self-addressed envelope for this purpose. Thank you for your consideration of this request.

Very truly yours,

Filer's Signature

Letter of Inquiry to Military (Coast Guard)

Filer's Name

Filer's Street Address

City State Zip Code

Date

Commander
Personnel Service Center
ATTN: PSC-BOPS-C-MR
US Coast Guard Stop 7200
2703 Martin Luther King Jr Ave SE
Washington DC 20593-7200

Re: Request for a Certificate of Military Service or Non-Service

RE: _____ Docket Number: _____
Caption/title of case Docket #

Dear Sir/Madam,

Please be advised that I have filed a court complaint against _____
Non-filer's name

The two objects of this inquiry are (1) to obtain a certificate of military service or non-service and
(2) to give notice to _____, of the fact that I have filed a court complaint
Non-filer's name
against _____ so that that _____ can appear in court, or answer and defend this complaint.
they/them they/them

Please return to me a certificate along with any address that you might have, regardless of
whether it is expired. I enclose a check payable to the United States Coast Guard and a stamped, self-
addressed envelope for this purpose. Thank you for your consideration of this request.

Very truly yours,

Filer's Signature

Letter of Inquiry to Military (Marine Corps)

Filer's Name

Filer's Street Address

City State Zip Code

Date

Personnel Management Support Branch (MMSB-17)
2008 Elliott Road
Quantico, VA 22134-5030

Re: Request for a Certificate of Military Service or Non-Service

RE: _____ Docket Number: _____
Caption/title of case Docket #

Dear Sir/Madam,

Please be advised that I have filed a court complaint against _____
Non-filer's name

The two objects of this inquiry are (1) to obtain a certificate of military service or non-service and (2) to give notice to _____, of the fact that I have filed a court complaint
Non-filer's name
against _____ so that _____ can appear in court, or answer and defend this complaint.
they/them they/them

Please return to me a certificate along with any address that you might have, regardless of whether it is expired. I enclose a check payable to the United States Treasurer and a stamped, self-addressed envelope for this purpose. Thank you for your consideration of this request.

Very truly yours,

Filer's Signature

Letter of Inquiry to Military (Navy)

Filer's Name

Filer's Street Address

City State Zip Code

Date

BUPERS-07 Customer Service Center
5720 Integrity Drive
Millington, TN 38055-3120

Re: Request for a Certificate of Military Service or Non-Service

RE: _____ Docket Number: _____
Caption/title of case Docket #

Dear Sir/Madam,

Please be advised that I have filed a court complaint against _____
Non-filer's name

The two objects of this inquiry are (1) to obtain a certificate of military service or non-service and
(2) to give notice to _____, of the fact that I have filed a court complaint
Non-filer's name
against _____ so that _____ can appear in court, or answer and defend this complaint.
they/them they/them

Please return to me a certificate along with any address that you might have, regardless of whether it is expired. I enclose a check payable to the United States Treasurer and a stamped, self-addressed envelope for this purpose. Thank you for your consideration of this request.

Very truly yours,

Filer's Signature

Request for Certificate of Military Service or Non-Service – General

Filer's Name

Filer's Street Address

City State Zip Code

Date

Defense Manpower Data Center
Attention: Military Verification
1600 Wilson Boulevard, Suite 400
Arlington, Virginia 22209-2593

Re: Request for a Certificate of Military Service or Non-Service

RE: _____ Docket Number: _____
Caption/title of case Docket #

Dear Sir/Madam,

Please be advised that I have filed a court complaint against _____
Non-filer's name

The two objects of this inquiry are (1) to obtain a certificate of military service or non-service and
(2) to give notice to _____, of the fact that I have filed a court complaint
Non-filer's name
against _____ so that _____ can appear in court, or answer and defend this complaint.
they/them they/them

Please return to me a certificate along with any address that you might have, regardless of whether it is expired. I enclose a check payable to the United States Treasurer and a stamped, self-addressed envelope for this purpose. Thank you for your consideration of this request.

Very truly yours,

Filer's Signature

Letter of Inquiry to Motor Vehicle Commission



Driver License Application Request



New Jersey Motor Vehicle Commission
Business & Government Services
P.O. Box 146
Trenton, NJ 08666-0146
609-292-4102

A separate form must be completed for each record requested. You may photocopy this form for your convenience; however, each request must bear an original signature of the requestor. **No other form of request will be accepted.** The proper fee(s) must accompany each request in the form of a check or money order payable to: "New Jersey Motor Vehicle Commission." **DO NOT SEND CASH. Please note that the turnaround time is approximately 3-4 weeks.**

*If you have any questions or need to obtain the status of a request sent by mail, please call 609-292-4102.

ALL APPLICANTS MUST COMPLETE SECTIONS A,B,D OF THIS FORM AND C, IF APPLICABLE. (Please print clearly)

FEE: \$15 PER RECORD SEARCH

SECTION A – Requestor’s Information			
Applicant’s Name:	Your File or Claim #:		
Business Name (if applicable):	Phone #:		
Street Address:			
City:	State:	ZIP Code:	
Applicant’s Driver License Number:	<ul style="list-style-type: none"> Photocopy of your Driver License or a photocopy of a Passport, Birth Certificate, or any valid state or federally issued ID. 		
SECTION B - Information Requested			
New Jersey Driver License Number: (If you do not have the Driver’s License number; you MUST supply the name, DOB, gender and address)			
Name:	Date of Birth	MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>
Street Address:			
City:	State:	ZIP Code:	
CHECK ONE \$15 PER SEARCH	<input type="checkbox"/> Copy of Driver License Application <input type="checkbox"/> Issue Date of Driver (some information is purged, as required by law. But we will give oldest available.) <input type="checkbox"/> Name and Address of Driver <input type="checkbox"/> Address History of Driver		
DATE YOU WANT COVERED:	_____	_____	_____
	Month	Day	Year



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Letter of Inquiry to Motor Vehicle Commission



Driver License Application Request



SECTION C – Purpose for the Request (required ONLY when requesting another’s record)

PLEASE READ THE BELOW SECTION OF THE NEW JERSEY DRIVER PRIVACY PROTECTION ACT, INITIAL NEXT TO THE PERMITTED USE(S) THAT APPLY TO YOUR SPECIFIC USE OF THE MVC RECORDS. THEN PROVIDE A WRITTEN EXPLANATION OF THE REASON FOR YOUR REQUEST AND INTENDED USE OF THE INFORMATION.

USES PERMITTED BY N.J.S.A. 39:2-3.4(c)

- _____ 1. For use by any government agency including any court or law enforcement agency carrying out its functions, or any private person or entity acting on behalf of a Federal, State or Local agency in carrying out its functions.

If acting on behalf of a government agency, please provide proof of retention.

- _____ 2. For use in connection with matters of motor vehicle or driver safety and theft; motor vehicle emissions; motor vehicle product alterations, recalls or advisories; performance monitoring of motor vehicles; motor vehicle parts and dealers; motor vehicle market research activities, including survey research; and the removal of non-owner records from the original owner records of motor vehicle manufacturers.

Please include the documentation supporting your request if the information is to be used for motor vehicle emissions, recalls or advisories, etc.

- _____ 3. For use in the normal course of business by a legitimate business or its agents, employees or contractors, but only;
- a. to verify the accuracy of personal information submitted by the individual to the business or agents, employees or contractors; and
 - b. if such information as so submitted is not correct or is no longer correct, to obtain the correct information, but only for the purposes of preventing fraud by pursuing legal remedies against or recovering on a debt or security interest against the individual.

Please include a copy of the individual release consent form; a contract; a tow bill; or a repair bill from the repair shop with the person in question.

- _____ 4. For use in connection with any civil, criminal, administrative or arbitral proceeding in any Federal, State or Local court or agency or before any self-regulating body, including service of process, investigation in anticipation of litigation, and the execution or enforcement of judgments and orders, or pursuant to an order of a Federal, State or Local court.

Please include the Docket number and a letter from the client confirming that you have been retained. Please provide an explanation if no docket number has been assigned. If no Docket number is available, please submit the case file number on Attorney letter head and include a copy of the accident report.

- _____ 5. For use in educational initiatives, research activities, and for use in producing statistical reports, so long as the personal information is not published, redisclosed, or used to contact individuals and, in the case of educational initiatives, only to organ procurement organizations as aggregated, non-identifying information.

Please include a description of the initiative or research on official letterhead

- _____ 6. For use by any insurer or insurance support organization, or by a self-insured entity, or its agents, employees, or contractors, in connection with claims investigation activities, antifraud activities, rating or underwriting.

Please include supporting documents for intended use i.e. declaration page.

- _____ 7. For use in providing notice to the owners of towed or impounded vehicles.

Please include proof of authorization to tow or impound vehicles.

- _____ 8. For use by an employer or its agent or insurer to obtain or verify information relating to a holder of a commercial driver’s license that is required under the “Commercial Motor Vehicle Safety Act, “ 49 U.S.C. App. §2710 et seq.

Please include a copy of an individual release consent form, a copy of the insurance policy, and a copy of the agreement if done on behalf of a client.

- _____ 9. For use in connection with the operation of private toll transportation facilities.

If your request does not fall under one of the above reasons:

- _____ 10. For use by any requestor, if the requestor demonstrates it has obtained the notarized written consent of the individual to the information pertains.

***Please note: If you selected number 10, a “Notarized Authorization to Release Personal Motor Vehicle Information” (Form BGS/DO-21A) must be submitted and will not be accepted unless it is acknowledged by a Notary Public or Attorney at Law.**



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Letter of Inquiry to Motor Vehicle Commission

Driver License Application Request



Explanation of reason

Please explain in detail your reason for requesting this information and how you plan to use it. If involving a lawsuit, please state the type of lawsuit and your relationship to the case.

DRIVING  FORWARD

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Letter of Inquiry to Motor Vehicle Commission



Driver License Application Request



SECTION D – Terms and Conditions

The disclosure and use of the personal information* contained in the record you have requested is governed by the “New Jersey Drivers’ Privacy Protection Act” (“NJDPPIA”), N.J.S.A. 39:2-3.3 et seq. The NJDPPIA provides that a person who knowingly obtains or discloses information from a motor vehicle record for any use not permitted by the Act is guilty of a crime of the fourth degree and can be held liable, in a civil action in the Superior Court, to the individual to whom the information pertains, including an award of actual damages, punitive damages, and reasonable attorney’s fees and litigation costs.

* *“Personal Information” means information that identifies an individual, including an individual's photograph; social security number; driver identification number; name; address other than the five-digit zip code; telephone number; and medical or disability information, but does not include information on vehicular accidents, driving violations, and driver's status.*

I hereby certify that the foregoing statements and submitted supporting documents are true. I understand that if any of the statements or submitted supporting documents are willfully false, I am subject to punishment. I have read N.J.S.A. 39:2-3.3, et seq. (“NJDPPIA”) and I have initialed all the permitted purposes that apply to my request for online access. I will only use any personal information contained in records I have requested as permitted by the NJDPPIA.

I agree to hold the New Jersey Motor Vehicle Commission (NJMVC) harmless in the event of any errors or omissions in the record and document(s) furnished under this application.

If I am requesting another’s record, I certify that:

- 1) Use of the information provided by the NJMVC pursuant to this Application will only be for the purposes explicitly set forth in this Application;
- 2) The information provided by the NJMVC pursuant to this Application will not be used for the purpose of commercial solicitation or marketing, political canvassing or campaigning or any similar purpose or objective, and I shall not provide such information to any person or entity that seeks to use such information for any of these purposes;
- 3) If the information requested is to be used "in anticipation of litigation," pursuant to N.J.S.A. 39:2-3.4(c)4, personal information will only be used where litigation is imminent or foreseeable, or where the party on whose behalf the information is obtained has made the conscious decision to prepare a claim or defend against a probable claim;
- 4) In the event of a breach of any of the security obligations or other event requiring notification under applicable law, I shall comply with all applicable State and Federal laws that require notification of individuals in the event of unauthorized release of Personal Information, or other event requiring notification, and assume responsibility for informing the NJMVC within twenty four (24) hours and all such appropriate individuals, including the customer whose information is the subject of the release, in accordance with applicable law and to indemnify, hold harmless and defend the State of New Jersey from, and against any claims, damages, or other harm related to such breach or event. All communications must be coordinated with the State of New Jersey by contacting the NJMVC at 609-341-5777.

Signature of Applicant (original signature only - signature stamps are unacceptable)

Date



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Letter of Inquiry to Postmaster

The Postal Service does not have a database with the current address of all of its customers. It doesn't need that information since it delivers to addresses, rather than to individuals. However, if a customer moves and files a change of address order, that information is kept at the post office serving the last known address. The disclosure of customer name and address information is contained at section 265.6(d) of our regulations (39 CFR 265), which can be accessed from the FOIA home page. Change of address information about individuals or families is available only to government agency requesters, to persons needing the information to serve legal process who meet certain requirements, or pursuant to a court order.

The Postal Service suggests the following format to be used in conjunction with regulations at 39 CFR 265.6(d)(4)(ii) by persons empowered by law to serve legal process when requesting change of address or boxholder information.

The request should be forwarded to the Postmaster of the last known address.

Postmaster _____	Date _____
City, State, ZIP Code _____	
REQUEST FOR CHANGE OF ADDRESS OR BOXHOLDER INFORMATION NEEDED FOR SERVICE OF LEGAL PROCESS	
Please furnish the new address or the name and street address (if a boxholder) for the following:	
Name: _____	
Address: _____	
Note: Only one request may be made per completed form. The name and last known address are required for change of address information. The name, if known and Post Office box address are required for boxholder information. The following information is provided in accordance with 39 CFR 265.6(d)(4)(ii). There is no fee charged for change of address or boxholder information.	
1. Capacity of requester (process server, attorney, party representing self): _____	
2. Statute or regulation that empowers me to serve process (not required for attorney's or a party acting pro se—except a corporation acting pro se must cite statute): _____	
3. The names of all known parties to the litigation: _____	
4. The court in which the case has been or will be heard: _____	
5. The docket or other identifying number if one has been issued: _____	
6. The capacity in which this individual is to be served (defendant or witness) _____	
WARNING: THE SUBMISSION OF FALSE INFORMATION TO OBTAIN AND USE CHANGE OF ADDRESS INFORMATION OR BOXHOLDER INFORMATION FOR ANY PURPOSE OTHER THAN THE SERVICE OF LEGAL PROCESS IN CONNECTION WITH ACTUAL OR PROSPECTIVE LITIGATION COULD RESULT IN CRIMINAL PENALTIES INCLUDING A FINE OF UP TO \$10,000 OR IMPRISONMENT OF NOT MORE THAN 5 YEARS, OR BOTH (TITLE 18 U.S.C. SECTION 1001).	
I certify that the above information is true and that the address information is needed and will be used solely for service of legal process in conjunction with actual or prospective litigation.	
Signature _____	Address _____
Printed Name _____	City, State, ZIP Code _____
FOR POST OFFICE USE ONLY	
<input type="checkbox"/> No change of address on file	New Address or Boxholder Name and Street Address
<input type="checkbox"/> Moved and left no forwarding address	_____
<input type="checkbox"/> No such address	_____

SUPERIOR COURT OF NEW JERSEY
CHANCERY DIVISION - FAMILY PART
COUNTY OF _____

Plaintiff

v.

DOCKET NO.: FD - _____

Defendant

**Certification of
Diligent Search**

I, _____ of full age, hereby certify that:

1. I am the plaintiff / defendant in the above-entitled action.
2. I do not know the present whereabouts of the plaintiff / defendant, and have not seen or heard from him/her since on or about _____.
3. Despite diligent efforts, I do not know the plaintiff's / defendant's mailing address, and the last known address of record of the plaintiff / defendant is:

4. I attempted to locate the plaintiff's / defendant's last known mailing address by contacting, on the following dates, the following individual(s) whom I believed possessed information about the plaintiff's / defendant's whereabouts.

Result of search:

5. I performed a search to locate the plaintiff / defendant through the United States Post Office for the current address or any previous address.

Result of search:

6. I inquired of the state motor vehicle agency at: _____.

Result of search:

7. The Department of Defense website was checked or letters were sent to the Armed Forces of the United States and their response as to whether or not there is any information regarding the plaintiff / defendant.

Result of search:

8. My other attempts to locate the other party resulted in the following:

9. I have kept copies of the letters I sent and responses I received from the above individuals/agencies so that they can be submitted to the court as evidence of my attempts to find the plaintiff / defendant.

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Date

 Plaintiff / Defendant (Print Name)

Signature