

**IN THE CIRCUIT/COUNTY COURT OF THE THIRTEENTH JUDICIAL CIRCUIT,  
IN AND FOR HILLSBOROUGH COUNTY, FLORIDA**

Case Number: \_\_\_\_\_

Division: \_\_\_\_\_

\_\_\_\_\_  
Plaintiff(s)

vs

\_\_\_\_\_  
Defendant(s)

**NOTICE OF COMMENCEMENT OF ACTION**

TO: (Name of defendant or defendant's representative)

\_\_\_\_\_

A lawsuit has been commenced against you (or the entity on whose behalf you are addressed). A copy of the complaint is attached to this notice. The complaint has been filed in (Circuit or County) Court for the \_\_\_\_\_ and has been assigned case number \_\_\_\_\_.

This is not a formal summons or notification from the court, but is rather my request that you sign the enclosed waiver of service of process form in order to save the cost of serving you with a judicial summons and an additional copy of the complaint. The cost of service will be avoided if I receive a signed copy of the waiver within 20 days (30 days if you do not reside in the United States) after the date you receive this notice and request for waiver. I have enclosed a stamped self-addressed envelope for your use. An extra copy of the notice and request, including the waiver, is also attached for your records.

If you comply with this request and return the signed waiver, it will be filed with the court and no summons will be served on you. The lawsuit will then proceed as if you had been served on the date the waiver is filed, except that you will not be obligated to respond to the complaint until 60 days after the date on which you received the notice and request for waiver.

If I do not receive the signed waiver within 20 days from the date you received the notice and the waiver of service of process form, formal service of process may be initiated in a manner authorized by the Florida Rules of Civil Procedure. You (or the party on whose behalf you are addressed) will be required to pay the full cost of such service unless good cause is shown for the failure to return the waiver of service.

I hereby certify that this notice of lawsuit and request for waiver of service of process has been sent to you on behalf of the plaintiff on \_\_\_\_\_.

\_\_\_\_\_  
Plaintiff's Attorney or Unrepresented Plaintiff

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Case Number: \_\_\_\_\_

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\_\_\_\_\_  
Plaintiff(s)

vs

\_\_\_\_\_  
Defendant(s)

**WAIVER OF PROCESS**

TO: (Name of plaintiff's attorney or unrepresented plaintiff)

\_\_\_\_\_  
I acknowledge receipt of your request that I waive service of process in the lawsuit of \_\_\_\_\_ in the \_\_\_\_\_ Court in \_\_\_\_\_. I have also received a copy of the complaint, 2 copies of this waiver, and a means by which I can return the signed waiver to you without cost to me.

I agree to save the cost of service of process and an additional copy of the complaint in this lawsuit by not requiring that I (or the entity on whose behalf I am acting) be served with judicial process in the manner provided by Florida Rule of Civil Procedure 1.070.

If I am not the defendant to whom the notice of lawsuit and waiver of service of process was sent, I declare that my relationship to the entity or person to whom the notice was sent and my authority to accept service on behalf of such person or entity is as follows (describe relationship to person or entity and authority to accept service):

\_\_\_\_\_  
I (or the entity on whose behalf I am acting) will retain all defenses or objections to the lawsuit or to the jurisdiction or venue of the court except for any objections based on a defect in the summons or in the service of the summons.

I understand that a judgment may be entered against me (or the party on whose behalf I am acting) if a written response is not served upon you within 60 days from the date I received the notice of lawsuit and request for waiver of service of process.

DATED on \_\_\_\_\_.

\_\_\_\_\_  
Defendant or Defendant's Representative