

SEMINOLE TRIAL COURT

Seminole Tribe of Florida

_____)	
)	
<i>Plaintiff</i>)	
vs.)	Case No.
_____)	
)	
<i>Defendant</i>)	

MEMORANDUM FOR CERTIFICATE OF MILITARY SERVICE

- TO:** () USCG Commander, Personnel Service Center, Attn: PSD-MR, 4200 Wilson Blvd, Suite 1100, Arlington, VA 22203
- () HQ AFPC/DPDXIDL, Attn: World Wide Locator, 550 C. Street West, Suite 50, Randolph AFB TX 78150- 4752
- () Bureau of Naval Personnel, PERS-312E, 5720 Integrity Drive, Millington, TN
- () CMC, HQ, (MMSB17), 2008 Elliot Road, Room 201, Quantico, VA 22134
- () Public Health Service: Attn: Director, Division of Commissioned Corps Officer Support http://dcp.psc.gov/ad_search.asp
- () Army World Wide Locator Service, Enlisted Records and Evaluation Center, 8899 East 56th Street, Indianapolis, IN 46249-5301

RE: _____ *{Name of Respondent}*

_____ *{Respondent's Social Security Number}*

This case involves a family matter. It is imperative that a determination be made whether the above-named individual, who has an interest in these proceedings, is presently in the military service of the United States, and the dates of induction and discharge, if any. This information is requested under the Servicemembers Civil Relief Act (formerly known as Soldiers' and Sailors' Civil Relief Act of 1940). Please supply verification as soon as possible. My check for \$ _____ for your search fee and a self-addressed, stamped envelope are enclosed.

Dated: _____

_____ Signature of Petitioner

Printed Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Telephone Number: _____

Email Address (es): _____

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

[fill in **all** blanks]

I, *{full legal name and trade name of nonlawyer}* _____,
a nonlawyer, whose address is *{street}* _____,
{city} _____, *{state}* _____, *{zip}* _____,
{phone} _____, helped *{name}* _____,
who is the petitioner, fill out this form.