



STATE OF RHODE ISLAND JUDICIARY

FAMILY COURT

AFFIDAVIT OF NON-MILITARY SERVICE

Plaintiff	Civil Action File Number
Defendant	

I, _____, on oath do depose and state as follows.

1. I have investigated the whereabouts of the Defendant in the above-entitled case.
2. As a result of my investigation, I have learned that the Defendant resides at _____.

3. I have also ascertained that said Defendant is not in the military service as defined by the *Servicemembers Civil Relief Act*, 50 USC App. §§ 501 *et seq.*¹ and is not a member of the national guard on state active duty for a continuous period exceeding ninety (90) days as defined by G.L. 1956 § 30-7-10.

OR

I am unable to determine whether or not the defendant is in the military service.

4. The facts supporting this affidavit are as follows: _____

Name of <input type="checkbox"/> the Plaintiff or <input type="checkbox"/> the Defendant
Signature

¹ Pursuant to 50 USC App. § 511, "military service" means: on active duty in the United States Army, Navy, Air Force, Marine Corps, or Coast Guard; under a call to active service in the National Guard as authorized by the President or the Secretary of Defense for a period of more than 30 consecutive days for the purpose of responding to a national emergency declared by the President and supported by Federal Funds; or on active service as a commissioned officer of the Public Health Service of the National Oceanic and Atmospheric Administration; or absent from active duty on account of sickness, wounds, leave or other lawful cause.



STATE OF RHODE ISLAND JUDICIARY

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AFFIDAVIT OF NON-MILITARY SERVICE

State of _____

County of _____

On this _____ day of _____, 20____, before me, the undersigned notary public, personally appeared _____

personally known to the notary or proved to the notary through satisfactory evidence of identification, which was _____, to be the person who signed above in my presence, and who swore or affirmed to the notary that the contents of the document are truthful to the best of his or her knowledge.

Notary Public: _____

My commission expires: _____

Notary identification number: _____