

CAUSE NO. _____

*PLAINTIFF / LANDLORD

VS.

DEFENDANT / TENANT

X IN THE JUSTICE COURT
X
X PRECINCT NO. ____
X
X CHEROKEE COUNTY, TEXAS

AFFIDAVIT OF NON-MILITARY STATUS

BEFORE ME, the undersigned authority, on this day personally appeared _____, known to me to be a credible person and who after being by me first duly sworn on oath deposes and says that the following facts are true: **“I am over the age of 18 and competent to make this affidavit. I have knowledge and upon information and belief, that the Defendant _____ was not in military service when this suit was filed, has not been in military service at any time since then, and is not now in military service of the United States of America.”**

*Name _____
Address: _____
City, State, Zip: _____
Telephone # _____

SWORN TO BEFORE ME this _____ day of _____, 20____

Notary Public

This form is required under the Service Members Civil Relief Act. A federal law protecting military members on active duty. It is used when you want the court to enter a DEFAULT judgment in your favor if the Defendant does not reply to your complaint, or does not appear in court.

You can fill out the affidavit if you can truthfully provide the court with enough information to conclude that the Defendant is not currently on active duty. If you do not have personal knowledge about the Defendant’s military service, or have the Defendant’s Social Security number you may contact the Department of Defense and submit a request through their website or by fax to obtain a certificate of Non-Military Status. Fax number is 703-696-4156. You must provide last name, first name, and social security number, or birthdate to help confirm the Defendant’s service. Please note that if there is a person on active duty who has that name, the Department of Defense will not be able to confirm if it is the same person unless you provide a birthdate or social security number. You may also request a certificate by mail if you do not have the Social Security number by providing Last Name, First name, Middle Name and date of birth with a **self-addressed stamped envelope to:**

**Defense Manpower Data Center
Attn: Military Verification
1600 Wilson Blvd., Suite 400
Arlington, VA. 22209-2593**