

**ADMIRALTY AND MARITIME RULES  
SAMPLE FORM**

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF FLORIDA  
Case No. \_\_\_\_-Civ or Cr-(USDJ's last name/USMJ's last name)  
"IN ADMIRALTY"

Plaintiff,

v.

Defendant.

**CONSENT AND INDEMNIFICATION AGREEMENT FOR THE APPOINTMENT  
OF A SUBSTITUTE CUSTODIAN**

Plaintiff \_\_\_\_\_, (by the undersigned attorney) and \_\_\_\_\_, the proposed Substitute Custodian, hereby expressly release the United States Marshal for this District, and the United States Marshal's Service, from any and all liability and responsibility for the care and custody of \_\_\_\_\_ (describe the property) while in the hands of \_\_\_\_\_ (substitute custodian).

Plaintiff and \_\_\_\_\_ (substitute custodian) also expressly agree to hold the United States Marshal for this District, and the United States Marshal's Service, harmless from any and all claims whatsoever arising during the period of the substitute custodianship.

As counsel of record in this action, the undersigned attorney represents that he has been expressly authorized by the Plaintiff to sign this Consent and Indemnification Agreement for, and on behalf of the Plaintiff.

SIGNED this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, at \_\_\_\_\_, Florida.

\_\_\_\_\_  
PLAINTIFF'S ATTORNEY  
CUSTODIAN

Attorney Name (Bar Number)  
Attorney E-mail Address  
Firm Name  
Street Address  
City, State, Zip Code  
Telephone: (xxx)xxx-xxxx  
Facsimile: (xxx)xxx-xxxx  
Attorneys for Plaintiff [Party Name(s)]

\_\_\_\_\_  
SUBSTITUTE

Typed Name  
Fla. Bar ID No.  
(if admitted in Fla.)  
Firm or Business Name  
Mailing Address  
City, State, Zip Code  
Telephone Number  
Facsimile Number  
E-Mail Address

cc: Counsel of Record

Effective Dec. 1, 1994. Amended effective April 15, 2001; April 15, 2007; April 15, 2010.