Please USE TAB or Mouse

IN THE COUNTY COURT IN AND FOR MIAMI-DADE COUNTY, FLORIDA.

DIVISION	STATEMENT OF CLAIM	CASE NUMBER
☐ CIVIL ☐ OTHER	(File in Duplicate Plus One For Each Defendant)	SECTION NO.

PLAINTIFF	VS. DEFENDANT(S)	PHONE NUMBER

Address

CLOCK IN

The Plaintiff sues the Defendant for money owed Plaintiff by Defendant; and which is past due and unpaid; for (As marked (x) below):

- ☐ Good , wares and merchandise sold by plaintiff, to defendant;
- ☐ Work done and materials furnished by plaintiff, to defendant;
- ☐ Money lent by plaintiff to defendant which is due and payable;
- ☐ Money due to plaintiff upon accounts stated and agreed to between them;
- ☐ On a written instrument, copy of which is attached hereto;
- ☐ Rent for certain premises in Dade County, Florida, Viz;
- ☐ Other (Explain)
- ☐ Any additional facts in connection with any of the above:

(USE ADDITIONAL SHEET IF NECESSARY)

Where Plaintiff demands judgment in the sum of $_____ together with court costs and any further costs which the Court may assess.

The Plaintiff, _____ says the foregoing is a just and true statement of the amount owed by defendant to plaintiff, exclusive of all lawful setoffs, and that defendant has no lawful defenses which would preclude the collection of said amount.

Affiant states that the defendant(s) is/are not in the military service of the United States.

Attorney /Plaintiff	Signature	Attorney's Bar No.
Address of Attorney/Plaintiff		Telephone No.

The foregoing instrument was acknowledged before me this _____ day of_____, 20_____ by _____ who is personally known to me or who has produced _____ as identification and did ☐ / did not ☐ take an oath.

SWORN TO AND SUBSCRIBED BEFORE ME this _____ day of _____ 20_____.

HARVEY RUVIN CLERK OF COURTS	Deputy Clerk	NOTARY PUBLIC, State of Florida _____ My Commission Expires:

SAMPLE

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SERVICE OF PROCESS	FILING FEE AMOUNT	RECEIPT NUMBER
☐ PROCESS SERVER ☐ SHERIFF ☐ MAIL		

NOTE: If the claim is based upon a written document, a copy, or the material part thereof, shall be attached to the statement of claim.

INSTRUCTION SHEET

IMPORTANT

YOU MUST advise the Clerk, in writing , of any change in your mailing address.

If you are a DEFENDANT and fail to appear on the designated date, in person or by an attorney, a judgment may be entered against you.

Plaintiff(s) will not be entitled to a default or judgment in the absence of an affidavit regarding the defendant's military status in compliance with applicable law. This form, if sworn to, will meet the above requirements.

If you are a PLAINTIFF and fail to appear on the designated date, in person or by an attorney, this case may be dismissed for Want of Prosecution.

Any claim of the Defendant against the Plaintiff, arising out of the same transaction or occurrence which is the subject matter of plaintiff's claim, shall be filed not less than 5 days prior to the appearance date, or within such time as the Court designates. When a counterclaim or set-off exceeds the jurisdiction of the Court, it shall be filed in writing before or at the pre-trial hearing, and the action shall then be transferred to the Court having jurisdiction thereof. As evidence of good faith, the counter-claimant shall deposit a sum sufficient to pay the filing fee in the Court to which the case is to be transferred with his counterclaim. FAILURE TO MAKE THE DEPOSIT WAIVES THE RIGHT TO TRANSFER.

TRIAL BY JURY may be had upon written demand by Plaintiff made at the commencement of the action or by any defendant within 5 days after service of the notice to appear or at the Pretrial Conference. If the demand is not made, the right to trial by jury is waived.

If at any time in the proceedings a settlement is reached between the parties, this office should be notified in writing by the Plaintiff.

If you have any questions regarding procedures, this office will assist you. This office cannot furnish legal advice to you. Please consult your attorney for legal advice.

SAMPLE

CAUTION

A copy of any paper that you file at any time with the Clerk or Judge **MUST** be sent by you to each attorney appearing in the case, if any, or to all parties not represented by an attorney. You must set forth the date and to whom you sent the copy (or copies) of the paper filed, which would be followed by your signature.

AMERICANS WITH DISABILITIES ACT OF 1990

IF YOU ARE A PERSON WITH A DISABILITY WHO NEEDS ANY ACCOMMODATION TO PARTICIPATE IN THIS PROCEEDING, YOU ARE ENTITLED, AT NO COST TO YOU, TO THE PROVISION OF CERTAIN ASSISTANCE. PLEASE CONTACT THE DADE COUNTY COURT'S ADA COORDINATOR AT 73 WEST FLAGLER STREET, ROOM 1600, MIAMI, FLORIDA, 33130, TELEPHONE NUMBERS (305) 349-7175 FOR VOICE, (305) 349-7174 FOR TDD AND (305) 349-7011 FOR FAX, WITHIN TWO (2) WORKING DAYS OF YOUR RECEIPT OF THIS DOCUMENT. TDD USERS MAY ALSO CALL 1-800-955-8771, FOR THE FLORIDA RELAY SERVICE.