# INSTRUCTIONS FOR FILING A CIVIL ACTION IN COUNTY COURT

**Compiled by Sherry Coker**

## IMPORTANT – PLEASE READ

## IF NOT PROPERLY COMPLETED AND PARTIES NOT PROPERLY SERVED, YOUR CASE MAY BE DISMISSED OR YOU MAY NOT OBTAIN YOUR FINAL JUDGMENT.

A civil action or lawsuit may be filed against a Defendant(s) for various reasons, i.e. merchandise sold by you to Defendant(s) but unpaid; defective goods, services; work done and materials furnished by Plaintiff(s) for Defendant(s); money lent by Plaintiff(s) to Defendant(s); money due Plaintiff(s) upon accounts stated; a promissory note; rent and damages for certain premises; auto negligence; property conversion by Defendant(s); check – refused payment by bank; services not performed or performed improperly; and breach of contract.

**NOTE: Be sure to clearly PRINT your name and the Defendant(s) name in the Caption (top) of all of the enclosed documents. Also be sure the Case Number is written in the caption.**

**REQUIREMENTS TO FILE A CASE.** You must be at lease 18 years of age. You may be an individual, a person Doing Business As (d/b/a) or a corporation. A minor child must have a parent or legal guardian file on their behalf. **There is a Filing Fee in the amount of $310.00 for claims valued at $8,001 up to $15,000 and a Filing fee in the amount of $410.00 for claims valued over $15,000 payable to Nadia K. Daughtrey, Clerk of Court.** The Clerk can accept cash, personal or business checks, Cashier Checks or money orders.

**VENUE.** Venue is the location where a suit should be filed. You should check the Florida Statutes in the County Law Library or on the internet at www.flsenate.gov/Statutes/index.cfm and check the Florida Rules of Civil Procedure in the County Law Library or on the internet at MyFlorida.com to determine venue in your particular case. If you do not file your case in the proper County, the Defendant(s) may have the case moved to the correct County and **you will be required to pay a new filing fee.**

**JURISDICTION.** This action must be brought in the court of competent jurisdiction based on the value of the work performed, damages suffered, or money loaned or owed. Civil actions or lawsuits in County Court are for damages or amounts owed in excess of $8,000.00, but no more than $50,000.00. If damages or amount owed are $8,000.00 or less, you need to file your civil action in Small Claims Court.

**THIS PACKET IS NOT TO BE USED IF THE AMOUNT OF YOUR CLAIM IS OVER $50,000, WHICH MUST BE FILED IN CIRCUIT COURT. THIS PACKET IS ONLY PREPARED FOR COUNTY COURT.**

**PROPER NAME AND ADDRESS OF DEFENDANT(S).** Before filing your claim, you should make **sure** you have the proper name(s) and address(s) of the party(s) you want to sue.

If you are suing an individual, and if the spouse will be included in the suit, obtain the proper name and street address of the spouse. First names must be used and any alias names, if known. **Avoid using "Mr. and Mrs.".**

If you are suing a corporation, you must know the correct name of the corporation and the state in which it is incorporated. Obtain the name and address of an officer of the corporation: the president, vice president, etc...; or in the absence of any of these, the name and address of the business agent residing in this state; or the name of the resident agent transacting business for the corporation in this state. To find this information, you may write or call: SECRETARY OF STATE OF FLORIDA, Attn: Corporation Division, Tallahassee, Fl. 32304, (850) 488-9000, or locate them on the internet at http://www.sunbiz.org This information is needed for service on the corporation.

If you are suing a partnership, you will need to obtain the names and addresses of **all** of the partners.

Many individuals, partnerships, and corporations do business under a fictitious name, such as: Jim Jones d/b/a Baby World; Jim Jones, Joe Black, a partnership, d/b/a Jones & Black Construction; or XYZ, Incorporated, a Florida corporation, d/b/a Chicken Shack. You cannot sue a fictitious name because it is not an entity. You have the burden of investigating to determine whether individuals, partnerships, or a corporation are doing business under a fictitious name. This information may be determined by calling the Secretary of State, Division of Corporations, the Occupational License Section of the Tax Collector's Office, or the licensing department of the City or County where the principal place of business is located.

**FILING YOUR CASE.** Using black ink, please complete the enclosed **CIVIL COVER SHEET, NOTICE OF PERMANENT MAILING ADDRESS and STATEMENT OF RESPONSIBILITY** forms and file them with the **Clerk of Court**. A filing fee must be paid to the Clerk of Court. The Clerk can accept cash, personal or business checks, cashier checks or money orders.

Please complete the enclosed **COMPLAINT**, together with the appropriate attachment in this packet following the complaint form, and sign it in the presence of a Deputy Clerk or Notary Public. Be sure to attach any additional explanations, if necessary. If your complaint is based on an instrument of writing such as a promissory note, agreement between you and the Defendant(s), or a refused or returned check, it will be necessary for you to furnish a copy of such instrument for attachment as an exhibit to the complaint.

If you are filing a civil action for the collection of a check, the payment of which was refused by the bank because of the lack of funds or where the maker or drawer stops payment with intent to defraud, and where the maker or drawer fails to pay the amount owing, in cash, to you within 30 days following a written demand, the maker or drawer shall be liable to you for the amount of the check and damages of triple the amount so owing. However, in no case shall the amount for damages be less than $50.00. The maker or drawer shall also be liable for court costs and

attorney's fees, if any. You may also charge the maker or drawer a service charge of $25.00, if the face value does not exceed $50.00, $30.00, if the face value exceeds $50.00 but does not exceed $300.00, $40.00, if the face value exceeds $300.00 or 5% of the face amount of the check, whichever is greater, when making the written demand for payment. Any bank fees incurred by you may be charged to the maker or drawer.

If the court determines that the failure of the maker or drawer to satisfy the dishonored check was due to economic hardship, the court has the discretion to waive all or part of the statutory damages.

Before recovering through a civil action, the written demand on page 7 of this packet must be completed and sent by you to the maker or drawer of the check by certified or registered mail, evidenced by return receipt, to the address on the check, to the address given by the maker or drawer at the time the check was issued, or to the maker's or drawer's last known address.

After starting the civil action but prior to the hearing, the maker or drawer may pay you, as satisfaction of the claim, an amount of money equal to the sum of the check, the service charge, court costs and incurred bank fees. The maker or drawer is liable to you for all attorney fees and collection costs, if any, as a result of your claim.

If you are suing more than one Defendant, you will need to make copies of the Complaint, Attachment(s), and exhibit(s), if any, for each Defendant. Be sure to keep a copy of the complaint, attachments, and exhibits, if any, for your records. **Any copies that the Clerk is asked to make for you will be at a cost of $1.00 per page (F.S. 28.24).**

You must complete and file the enclosed **NON-MILITARY AFFIDAVIT** with the Clerk prior to any hearing on your complaint. You may need to make additional affidavits if there are numerous Defendants. Be sure and keep a copy for your records.

**SERVICE OF PROCESS:**

**SUMMONS.** If you know where the Defendant(s) reside(s) or can be found, a Deputy Clerk will issue the enclosed **SUMMONS for an additional fee $10.00 per summons payable to Nadia K. Daughtrey, Clerk of Court**. You will need a Summons to be issued for each Defendant. Please fill in the caption by clearly printing your name, the Defendant's name(s), and the Case Number and make as many copies of the Summons as you will need for service on each Defendant. You will be responsible for delivery of the Summons, and a copy of the Complaint with Attachments and exhibits, if any, to the appropriate Sheriff's Office for service. The Sheriff's Office charges a fee of $40.00 per person for service on the Defendant(s). The Sheriff's Office will not accept personal checks. Please pay by money order or cashier's check. **Be sure you deliver the summons to the Sheriff's Office in the County where the Defendant(s) reside(s) or can be found.**

**IF YOU ARE SUING A HUSBAND AND WIFE, YOU WILL NEED A SUMMONS ISSUED FOR EACH OF THEM AND HAVE THE SHERIFF'S OFFICE SERVE EACH OF THEM.**

You may also serve the Defendant(s) by private process server. Personal service by private process server varies in cost. Please consult the telephone book for process servers in the appropriate county.

**NOTE:** It is **your** responsibility to check with the Clerk of Court and/or the Sheriff's Office to ascertain if service has been made on the Defendant(s). If the Defendant(s) was not served and you discover a new address for Defendant, an Alias Summons with the new address must be requested at the Clerk's office. If service of the original Complaint by Summons is not made upon a Defendant within 120 days after the filing of the original Complaint, the Court may, on its own motion, direct that service of process be effected within a specific time or dismiss the case, or drop that Defendant as a party to the case.

The Defendant(s) has twenty (20) days to file a response after being served the Summons, copy of Complaint, attachment(s) and exhibit(s), if any. You start counting the day after the Defendant(s) is served. The 20 day period includes weekends and holidays.

**CONSTRUCTIVE SERVICE.** If you do not know where the Defendant(s) live(s), or if the Defendant(s) live(s) outside of the State of Florida you may serve him or her by Constructive Service**.** However, if you use constructive service, the court may grant only limited relief because its jurisdiction is limited. This is a complicated area of the law and you may wish to consult an attorney before using constructive service.

You must complete and file the enclosed **AFFIDAVIT OF DILIGENT SEARCH AND INQUIRY**. This form includes a checklist of places you can look for information on the location of the Defendant(s). While you do not have to look in all of these places, the Court must believe that you have made a very serious effort to get information about the Defendant(s) location and that you have followed up on any information you received.

You should also complete and file the enclosed **NOTICE OF ACTION** with the Clerk for execution of same. The "return date", or date on which the Defendant must file a response, located in the body of the Notice, must be inserted by you. This date must be **no less than 28 days from the first date of publication and no more than 60 days from the first date of publication.** After the Clerk has signed this form you must deliver a copy of it to a qualified local newspaper to be published for four (4) consecutive weeks. When in doubt, ask the Clerk which newspapers in your area are "qualified". The newspaper will charge you for this service.

Be sure to keep copies of the Affidavit of Diligent Search and Inquiry and Notice of Action for your records.

**IF NO RESPONSE BY DEFENDANT(S).**

If Defendant(s) does not file a response within the 20 days from service of process by either a Deputy Sheriff or private process server or on or before the date stated in the Notice of Action, you can sign the enclosed **MOTION FOR DEFAULT** and have the Clerk enter the **DEFAULT** at the bottom.

You must also complete and file the enclosed **MOTION FOR FINAL JUDGMENT**. Please provide the Court with stamped envelopes address to you and the Defendant(s) for mailing of the Order Scheduling Hearing. At the hearing, the Court will review all evidence presented and make its decision whether to enter a final judgment in your favor or not.

**IF RESPONSE BY DEFENDANT(S).**

If the Defendant(s) file(s) a response, it will be necessary to set the matter for trial. If the Defendant(s) file(s) a counterclaim, you have 20 days to answer the counterclaim. At that time, it will be necessary to set the matter for trial. Please complete the enclosed **NOTICE FOR TRIAL** and file it with the Clerk of Court, who will forward the file to the Court for setting of

trial date. You will need to mail copies to the Defendant(s) and the County Court Judge. Be sure and keep a copy for your records.

Please provide the Court with stamped envelopes addressed to you and the Defendant(s) for mailing of the order setting trial.

**MEDIATION.** Depending on the circumstances surrounding your particular case, the Court may require you and Defendant(s) to attend Mediation. If so, the Court will notify you. Please note that the cost of mediation will be divided equally between you and the Defendant(s). If no agreement is reached at Mediation, the Court will set the matter for trial.

**SETTLEMENT**. If you and the Defendant(s) agree on a settlement of all claims or the Defendant(s) pay(s) in full, then you, as Plaintiff(s), will need to complete and sign the **NOTICE OF VOLUNTARY DISMISSAL** to prevent the case from going to court.

**PREPARATION FOR TRIAL**. Bring all original contracts, agreements, photos, or other documents relevant to you case. If you have written estimates to substantiate you claim, it is advisable to have the person present who gave the estimates to state how he arrived at those amounts. It is important to subpoena witnesses and expert witnesses such as automobile mechanics, carpenters, builders, auto body repairmen, etc. Please see the Deputy Clerk for issuance of subpoenas. The subpoenas will need to be served by the Sheriff's Department on the person(s) you want to be in court as a witness or expert. The Sheriff's office will charge $20.00 per person for service of subpoenas.

**ALL COSTS PAID BY YOU FOR FILING THIS SUIT AND SERVICE OF PROCESS ON DEFENDANT(S), AS WELL AS WITNESSES AND EXPERTS, ARE RECOVERABLE IF YOU PREVAIL IN THE LAWSUIT.**

If successful at trial and if you intend to pursue your final judgment through levy or garnishment, you will need to request an enforcement paragraph to be included in the final judgment. To do this, please complete and file the **MOTION FOR ENFORCEMENT PARAGRAPH** included in this packet prior to your hearing or trial. In addition, you may want to obtain the **AFTER JUDGMENT PACKET** from the Clerk of Court.

**TRIAL**. All trials will be non-jury unless demanded for in writing at any time after commencement of the action and not later than 10 days after service of the last pleading directed to such issue.

Please dress appropriately, shoes and shirt required, no shorts. Do not bring children to court. Be respectful to the Court by addressing the Judge as "Your Honor". Do not interrupt while the other person is testifying. You will have your opportunity to address the court in response to their statements.

When you begin to testify, get to the point fast, immediately follow up by stating how much money you are requesting. Practice in advance. After giving the brief explanation, you may then go into more detail. Be sure and present all of your evidence to the court. Make a list for yourself so you do not forget anything. If you have witnesses, this is the time to produce them. Be sure you know what your witnesses or experts are going to say.

Your non-jury trial will not be recorded. If you wish a record of the proceedings, a court reporter is necessary. You will have to bear the expense. Appeals to a higher court because you are not

satisfied with the outcome of your trial are governed by special rules. One of these rules requires that the appeal court have a complete record of the trial to review. If you do not have a court reporter at your trial, you chances for success on appeal will be severely limited.

Bring stamped envelopes addressed to you and the Defendant(s) for mailing of the final judgment by the Court. ALSO, bring the **MEANS OF FINAL DISPOSITION** form with you to the final hearing or trial for filing with the Court.

**AFTER JUDGMENT**. A Judgment arising from an auto negligence case can result in suspension of the Defendant's license until the judgment is paid. After the expiration of 30 days from filing the final judgment, you may forward a certified copy of the judgment to the Bureau of Financial Responsibility providing the judgment has not been satisfied.

If you prevail and when you receive your final judgment you can do certain things in order to collect your money. The court is not a collection agency and it does not contact the Defendant(s) in an effort to make him or her pay you the amount awarded in your final judgment. The Clerk's office can give you information in regard to collection procedures you may take. Ask the Deputy Clerk for an **AFTER JUDGMENT PACKET**.

If the Defendant(s) pays you in full after the judgment is entered, please complete the **SATISFACTION OF JUDGMENT** included in this packet and deliver it to the Defendant.

PLEASE BE AWARE that it is the obligation of the Plaintiff(s) to provide Defendant(s) with a **SATISFACTION OF JUDGMENT** upon payment of the judgment. Failure or refusal to satisfy this judgment as provided by F. S. 701.05 could result in a misdemeanor of the second degree, punishable as provided in F. S. 774.082 or 775.083.

*****NOTICE*****

**ALL PAPERWORK PROVIDED BY THIS OFFICE IS USED FOR 'PRO SE' LITIGANTS ONLY. 'PRO SE' MEANS THAT YOU ARE ACTING AS YOUR OWN ATTORNEY. ACTING AS YOUR OWN ATTORNEY MAKES YOU RESPONSIBLE FOR EVERYTHING THAT INVOLVES YOUR CASE FILE. FOR EXAMPLE, IF YOU DO NOT RECEIVE A COURT DATE OR NOTICE FROM THE CLERK'S OFFICE OR THE JUDGE, IT IS UP TO YOU TO CONTACT THE JUDGE FOR A HEARING DATE.**

**THIS PACKET PREPARED BY:**

**HONORABLE PARKER R. HALL**
**COUNTY JUDGE**
**DESOTO COUNTY, FLORIDA**
**115 EAST OAK STREET, SUITE 201**
**ARCADIA, FLORIDA 34266**

**HONORABLE NADIA K. DAUGHTREY**
**CLERK OF THE COURT**
**DESOTO COUNTY, FLORIDA**
**115 EAST OAK STREET**
**ARCADIA, FLORIDA 34266**

**WRITTEN DEMAND FOR COLLECTION OF RETURNED OR REFUSED CHECK**

You are hereby notified that a check numbered _____ in the face amount of $_____ issued by you on (date) _____, drawn upon (name of bank) _____, and payable to _____, has been dishonored. Pursuant to Florida law, you have 30 days from receipt of this notice to tender payment in cash of the full amount of the check plus a service charge of $25.00, if the face value does not exceed $50.00, $30.00, if the face value exceeds $50.00 but does not exceed $300.00, $40.00, if the face value exceeds $300.00, or 5 percent of the face amount of the check, whichever is greater, the total amount due being $_____ and _____ cents. Unless this amount is paid in full within the 30-day period, the holder of the check or instrument may file a civil action against you for three times the amount of the check, but in no case less than $50.00, in addition to the payment of the check plus any court costs, reasonable attorney fees, and any bank fees incurred by the payee in taking the action.

Dated: _____

Signed: _____

_____

_____

Address

**FORM 1.997 CIVIL COVER SHEET**

The civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers required by law. This form is required for the use of the Clerk of Court for the purpose of reporting judicial workload data pursuant to Florida Statute 25.075

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**I.** CASE STYLE

IN THE COUNTY COURT IN AND FOR DESOTO COUNTY, FLORIDA

_____ Case No: _____

_____

(Name and Address)
Plaintiff(s),

vs.

_____

_____

(Name and Address)
Defendant(s),

---

II. TYPE OF CASE (Place an x in one box only. If the case fits more than one type of case, select the most definitive.)

| Domestic Relations | Torts | Other Civil___ |
|---|---|---|
| ___ Simplified dissolution | ___ Professional Malpractice | ___ Contracts |
| ___ Dissolution | ___ Products Liability | ___ Condominium |
| ___ Support – IV-D | ___ Auto negligence | ___ Real property/ Mortgage Foreclosure |
| ___ Support - Non IV-D | ___ Other negligence | ___ Eminent domain |
| ___ URESA – IV-D | | |
| ___ URESA – Non IV-D | | ___ Other |
| ___ Domestic Violence | | |
| ___ Other domestic relations | | |

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III. Is Jury Trial Demanded in Complaint?

___ Yes
___ No

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Date:_____ _____
Plaintiff's signature

IN THE COUNTY COURT IN AND FOR DESOTO COUNTY, FLORIDA

_____
_____
_____
(Name and Address)
Plaintiff(s),

vs. CASE NO. _____

_____
_____
_____
(Name and Address)
Defendant(s).
_____/

**NOTICE OF PERMANENT MAILING ADDRESS**

I/We, _____, the Plaintiff(s) in the above styled cause of action hereby certify that my/our permanent mailing address is as follows:

_____
_____
_____
Phone: _____

**I/WE UNDERSTAND THAT ONLY THIS ADDRESS WILL BE USED BY THE COURT, THE OPPOSING PARTY, AND ANY INTERVENING PARTIES TO THIS CASE FOR THE PURPOSE OF PROVIDING ME WITH:**

a. Notice of all future hearings in this case, and
b. Any Court documents and papers pertaining to this case.

I/We understand that all notices and court papers in this case will be sent to me/us only at the above address and that in the event personal service of any court documents is necessary that they will first be attempted to be served at the above listed address unless and until I/We notify the court of my/our new address. I/We also understand that if I/We change my/our permanent mailing address or residence address, I/We must notify the Clerk of Court of my/our new address **in writing** by completion of another form similar to this form at the following address within one week of the change of address and with a copy being furnished to all parties:

CLERK OF COURT
Attn: County Civil
115 East Oak Street
Arcadia, Florida 34266

I/We have read this document and I/We understand that it is my/our responsibility to keep the Court informed of any change in my/our current address. I/We understand that copies of any court documents and notice of all future hearings which are mailed to my/our current address set forth herein will constitute proper notice and service, and the Court may proceed on all matters noticed and mailed to the above address even if I/We do not appear for said hearing.

Dated: _____ _____

Plaintiff's signature

IN THE COUNTY COURT IN AND FOR DESOTO COUNTY, FLORIDA

_____
_____
_____
(Name and Address)
Plaintiff(s),

vs. CASE NO. _____

_____
_____
_____
(Name and Address)
Defendant(s).
_____/

**STATEMENT OF RESPONSIBILITY**

Before filing this case I have considered the following matters and acknowledge that:

1. This case is being filed in the County Court under the Summary Procedure Rules of Court; that it is considered a layman's court; that I, and the Defendant(s), may be represented by an attorney of our individual choice but neither is required to do so, and that the conduct of this case will be in accordance with the rules of procedure and laws of Florida which apply to this case.

2. The naming of proper parties is an important element of the case and the responsibility for naming the proper Plaintiff(s) and Defendant(s) in this case is mine.

3. I am responsible for the furnishing of a correct address or location at which the Defendant(s) can be served or given notice of this suit.

4. I assume responsibility as to my right to file this case for myself or for the named Plaintiff(s).

5. I do not expect the Clerk, who received and files this claim, to give me legal advice as to how to prosecute this case and acknowledge that the Clerk is not acting as my attorney or legal advisor.

6. I am solely responsible for the collection of any judgment entered in my favor.

Dated: _____

_____
Plaintiff's signature
_____
_____
Address
Phone: _____

IN THE COUNTY COURT IN AND FOR DESOTO COUNTY, FLORIDA

_____
_____
_____
(Name and Address)
Plaintiff(s),

vs. CASE NO. _____

_____
_____
_____
(Name and Address)
Defendant(s).
_____/

**COMPLAINT**
(Civil Case between $8,001.00 and $50,000.00)

The Plaintiff(s) sues Defendant(s) and alleges:

This is an action for damages within the jurisdiction of this Court which are more than $8,000.00 but do not exceed the amount of $50,000.00, not including costs and interest.

Plaintiff(s) claims the amount of $_____ as being due from Defendant(s) and alleges as the basis of such suit:

(check **one only**)
___ Goods, wares and merchandise sold by Plaintiff to Defendant **(See attachment)**;
___ Defective goods, workmanship, services – implied warranty **(See attachment)**;
___ Work done and materials furnished by Plaintiff for Defendant **(See attachment)**;
___ Money lent by Plaintiff to Defendant **(See attachment)**;
___ Money due to Plaintiff upon accounts stated and agreed to between them **(See attachment)**;
___ On a Promissory Note **(See attachment)**;
___ Rent and damages for certain premises in DeSoto County, Florida **(See attachment)**;
___ Auto negligence **(See attachment)**;
___ Specific Performance **(See attachment)**;
___ Property conversion by Defendant **(See attachment)**;
___ Check – refused payment by bank **(See attachment)**;
___ Service not performed or performed improperly **(See attachment)**;
___ Breach of contract **(See attachment)**
___ Other (Explain) _____
_____
(NOTE: Attach appropriate explanation from following pages.)

Wherefore, Plaintiff(s) demand(s) judgment in the sum of $_____, plus interest in the amount of $_____, together with court costs, and any further costs which the Court may assess.

STATE OF FLORIDA,
COUNTY OF _____.

The undersigned, being by me first duly sworn, says that: the foregoing is a just and true statement of the amount owing by the above named Defendant(s) to said Plaintiff(s), exclusive of all set-offs and just grounds for defense. Plaintiff(s) state(s) that the suit initiated by the foregoing Complaint is brought in good faith and with no intention to annoy the above named Defendant(s).

_____
Plaintiff's signature

_____
_____
Address
Phone: _____

Sworn to and subscribed before me by _____ _____, who is personally known to me or produced _____ _____ as identification this _____ day of _____, 20___.

_____
Deputy Clerk or Notary Public

**ATTACHMENT TO STATEMENT OF CLAIM FOR GOODS, WARES AND MERCHANDISE SOLD BY PLAINTIFF TO DEFENDANT**

1. The following goods were sold and delivered by Plaintiff(s) to Defendant(s) on _____, 20___, to-wit:

GOODS PRICES

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

2. That Defendant(s) has failed to pay or refuses to pay Plaintiff(s) for said goods.

**ATTACHMENT FOR DEFECTIVE GOODS, WORKMANSHIP AND SERVICES – IMPLIED WARRANTY**

1. Defendant(s) manufactured a product known and described as: _____ _____ _____ _____.

2. Defendant(s) warranted that the product was reasonably fit for its intended use as (described intended use): _____ _____ _____ _____.

3. On _____, in DeSoto County, Florida, the product (describe the occurrence and defect that resulted in injury) _____ _____ _____ _____ while being used for its intended purpose, causing injuries to Plaintiff(s), who was then a user of the product.

4. As a result Plaintiff(s) was injured in and about his/her body and extremities, suffered pain therefrom, incurred medical expense in the treatment of the injuries, and suffered physical handicap, and his/her working ability was impaired; the injuries are either permanent or continuing in their nature and plaintiff will suffer the losses and impairment in the future. (Strike any portion that does not apply.)

**ATTACHMENT FOR WORK DONE AND MATERIALS FURNISHED BY PLAINTIFF FOR DEFENDANT**

1. Before the institution of this action, Plaintiff(s) and Defendant(s) had business transactions between them and on _____, 20___, they agreed to the resulting balance.

2. Plaintiff(s) performed the following work and supplied the following materials: _____
_____
_____
_____
_____.

3. Plaintiff(s) rendered a statement for the above work and materials to Defendant(s), a copy of which is attached.

4. Defendant(s) has failed to pay or refuses to pay Plaintiff(s) for said work and materials.

**ATTACHMENT FOR MONEY LENT BY PLAINTIFF TO DEFENDANT**

1. Plaintiff(s) loaned Defendant(s) the sum of $_____ on _____, 20___, which Defendant(s) has failed to pay.

2. Defendant(s) owes Plaintiff(s) interest in the amount of $_____ from _____, 20___, to present date.

**ATTACHMENT FOR MONEY DUE TO PLAINTFF**
**UPON ACCOUNTS STATED**

1. Before the institution of this action, Plaintiff(s) and Defendant(s) had business transactions between them and on _____, 20___, they agreed to the resulting balance.

2. Plaintiff(s) rendered a statement of it to Defendant(s), a copy being attached hereto, and Defendant(s) did not object to the statement.

3. Defendant(s) owes Plaintiff(s) $_____ that is due with interest since _____, 20___, on the account.

## ATTACHMENT FOR PROMISSORY NOTE

1. On _____, 20___, Defendant(s) executed and delivered a promissory note, a copy being attached, to Plaintiff(s) in _____ County, Florida.

2. Plaintiff(s) owns and holds the note.

3. Defendant(s) failed to pay (check **one only**):

___ a. The note when due.

___ b. The installment payment due on the note on _____, 20___, and Plaintiff(s) elected to accelerate payment of the balance.

**ATTACHMENT FOR RENT AND DAMAGES FOR CERTAIN PREMISES IN DESOTO COUNTY, FLORIDA**

COUNT I

1. On or about _____, 20___, Plaintiff(s)/Landlord(s), leased to Defendant(s)/Tenant(s), premises located at _____ _____, Arcadia, DeSoto County, Florida.

2. The Defendant(s) had possession of the property under an (**check one**) ____ oral ____ written agreement (copy attached) to pay rent of $_____ per _____.

3. Defendant(s) vacated the premises on or about _____, 20___.

4. Defendant(s) left damages in the amount of $_____ as follows:

ITEM AMOUNT

_____
_____
_____
_____
_____

COUNT II

1. On or about _____, 20___, Plaintiff(s)/Landlord(s), leased to the Defendant(s)/Tenants(s), premises located at _____ _____, Arcadia, DeSoto County, Florida.

2. The Defendant(s) had possession of the property under (**check one**) ___ oral ___ written agreement (copy attached) to pay rent of $_____ per _____.

3. Defendant(s) failed to pay rent on _____, 20___.

4. Defendant(s) owe rent covering the period from _____, 20___, through _____, 20___.

5. Defendant(s) vacated the premises on _____, 20___.

## ATTACHMENT FOR AUTO NEGLIGENCE

1. (**Check a. or b.**)

___ a. On or about _____, 20___, Defendant(s), _____ _____, owned a motor vehicle that was operated with his/her consent by Defendant(s), _____ _____, at _____ in _____, Florida.

___ b. On or about _____, 20___, Defendant(s), _____ _____, owned and operated a motor vehicle at _____ in _____, Florida.

2. At that time and place Defendant(s) negligently operated or maintained the motor vehicle so that it collided with Plaintiff's motor vehicle.

3. As a result, Plaintiff(s) suffered bodily injury and resulting pain and suffering, disability, disfigurement, mental anguish, loss of capacity for the enjoyment of life, expense of hospitalization, medical and nursing care and treatment, loss of earning, loss of ability to earn money, and aggravation of a previously existing condition. The losses are either permanent or continuing and Plaintiff(s) will suffer the losses in the future. Plaintiff's automobile was damaged and he/she lost the use of it during the period required for its repair or replacement. (Strike out items that do not apply.)

## ATTACHMENT FOR PROPERTY CONVERSION BY DEFENDANT

1. On or about _____, 20___, Defendant(s) converted to his/her own use the following-described property: _____
_____
_____
that was then the property of Plaintiff(s) of the value of $_____.

## ATTACHMENT FOR CHECK – REFUSED PAYMENT BY BANK

1. On _____, 20___, Defendant(s) executed a written order for the payment of $_____, commonly called a check, a copy being attached, payable to the order of Plaintiff(s) and delivered it to Plaintiff(s).

2. The check was presented for payment to the drawee bank but payment was refused.

3. Plaintiff(s) holds the check and it has not been paid.

**ATTACHMENT FOR SERVICES NOT PERFORMED OR PERFORMED IMPROPERLY**

1. On or about _____, 20___, in DeSoto County, Florida, Plaintiff(s) entered into an agreement with Defendant(s) to perform the following services: _____
_____
_____
_____.
(If written agreement, attach a copy.)

2. In consideration for these services, Plaintiff(s) paid the Defendant(s) the sum of $_____ on _____, 20___.

3. (**Check a. or b.**)

___ a. Defendant's services were not properly performed because _____
_____
_____
_____.

___ b. Defendant(s) performed no work after receipt of the money from Plaintiff(s).

4. Plaintiff(s) has sustained damages of $_____, determined as follows: _____
_____
_____.
(Describe if job had to be completed by another person and if so, the amount paid to them, or other circumstances.)

## ATTACHMENT FOR BREACH OF CONTRACT

1. On _____, 20___, Plaintiff(s) and Defendant(s) entered into an ___ oral or ___ written contract. (If written contract, attach a copy.)

2. The terms of the contract provided for the following: _____
_____
_____
_____.

3. The Defendant(s) failed to fulfill the terms of the contract because the Defendant(s) _____
_____
_____.
(Describe breach.)

4. Plaintiff(s) determines the value of the breach as follows: _____
_____
_____.

IN THE COUNTY COURT IN AND FOR DESOTO COUNTY, FLORIDA

_____
_____
_____
(Name and Address)
Plaintiff(s),

vs. CASE NO. _____

_____
_____
_____
(Name and Address)
Defendant(s).
_____/

**NON-MILITARY AFFIDAVIT**

STATE OF FLORIDA,
COUNTY OF _____.

Before me, the undersigned authority authorized to take oath and acknowledgments in the State and County aforesaid, personally appeared _____ who being by me first duly sworn did state as follows:

1. That the undersigned is personally familiar with the Defendant(s), _____ _____, in the above styled matter.

2. That, to the best of the Affiant's belief and information, Defendant(s) is/are not in the service of the armed forces of the United States and is/are not entitled to the relief afforded by the Soldiers and Sailors Civil Relief Act of 1940, 50 U.S.C. Sub-Section 501 et seq.

3. Defendant(s) is/are currently located at _____ _____ and his/her occupation is: _____.

FURTHER AFFIANT SAYETH NAUGHT.

_____
Affiant/Plaintiff

Sworn to and subscribed before me by _____, who is personally know to me or produced _____ as identification this ____ day of _____, 20____.

_____
Deputy Clerk or Notary Public

IN THE COUNTY COURT IN AND FOR DESOTO COUNTY, FLORIDA

_____
_____
_____
(Name and Address)
Plaintiff(s),

vs. CASE NO. _____

_____
_____
_____
(Name and Address)
Defendant(s).

**SUMMONS**

**IMPORTANT**

A lawsuit has been filed against you. You have 20 calendar days after this summons is served on you to file a written response to the attached complaint with the Clerk of this Court. A phone call will not protect you. Your written response, including the case number given above and the names of the parties, must be filed if you want the court to hear your side of the case. If you do not file your response on time, you may lose the case, and your wages, money, and property may thereafter be taken without further warning from the court. There are other legal requirements. You may want to call an attorney right away. If you do not know an attorney, you may call an attorney referral service or a legal aid office (listed in the phone book).

If you choose to file a written response yourself, at the same time you file your written response to the court you must also mail or take a copy of your written response to the "Plaintiff/Plaintiff's Attorney" named below.

**IMPORTANTE**

Usted ha sido demandado legalmente. Tiene 20 dias, contados a partir del ricibo de esta notificacion, para contester la demanda adjunta, por escrito, y presentarla ante este tribunal. Una llamada telefonica no lo protegera. Si usted desea que el tribunal considere su defense, debe presenter su respuesta por escrito, incluyendo el numero del daso y los numbers de las partes interesadas. Si usted no contesta la demanda a tiempo, pudiese perder el caso y podria ser despojado de sus ingresos y propiedades, o privado de sus derechos, sin previo aviso del tribunal. Existen otros requisitos legales. Si lo desea, puede usted consultar a un abogado immediatamente. Si no conoce a un abogado, puede llamar a una de las oficinas de assistencia legal que aparecen en la guia telefonica.

Si desea responder a la demanda por su cuenta, al mismo tiempo en que presenta su respuesta ante al tribunal, debera usted enviar por correo o entregar una copia de su respuesta a la

persona denominada abajo como "Plaintiff/Plaintiff's Attorney" (Demandante o Abogado del Demandante).

**IMPORTANTE**

Des poursuites judiciaries ont ete enterprises contre vous. Vous avez 20 jours consecutifs a partir de la date de l'assignation de cette citation pour deposer une reponse ecrite a la plainte ci-jointe aupres de ce tribunal. Un simple coup de telephone est insuffisant pour vous proteger. Vous etes obliges de deposer votre reponse ecrite, avec mention du numero de dossier ci-dessus et du nom des parties nommees ici, si vous souhaitez que le tribunal entende votre cause. Si vous ne deposez pas votre reponse ecrite dans le relai requis, vos risquez de perdre la cause ainsi que votre salaire, votre argent, et vos biens peuvent etre saisis par la suite, sans aucun preavis ulterieur du tribunal. Il y a d'autres obligations juridiques et vous pouvez requerir les services immediats d'un avocet. Si vos ne connaissez pas d'avocat, vous pourriez telephoner a un service de reference d'avocats ou a un bureau d'assistance juridique (figurant a l'annuaire de telephones).

Si vous choisissez de deposer vous-meme une reponse ecrite, il vous faudra egalement, en meme temps que cette formalite, faire parvenir, ou expediter une copie de votre reponse ecrite au "Plaintiff/Plaintiff's Attorney" (Plaignant ou a son avocet) nomme cidessous.

_____
Plaintiff's signature

_____

_____
Address

THE STATE OF FLORIDA:

To Each Sheriff of the State:

YOU ARE COMMANDED to serve this summons and a copy of the complaint in this lawsuit on the above-named defendant.

DATED on _____.

NADIA K. DAUGHTREY
CLERK OF COURT

(SEAL)

By:_____
Deputy Clerk

**If you are a person with a disability who needs any accommodation in order to participate in this proceeding, you are entitled, at no cost to you, to the provision of certain assistance. Please contact NADIA K. DAUGHTREY, CLERK OF THE COURTS, 115 E. Oak St., Arcadia, Florida 34266, or call 863-993-4876, within two (2) working days of receipt of this Summons. If you are hearing impaired, call 1-800-955-8771, or if you are voice impaired, call 1-800-955-8770.**

**A copy of this Summons was mailed to Plaintiff on _____.**

**By:**_____
**Deputy Clerk**

IN THE COUNTY COURT IN AND FOR DESOTO COUNTY, FLORIDA

_____
_____
_____
(Name and Address)
Plaintiff(s),

vs. CASE NO. _____

_____
_____
_____
(Name and Address)
Defendant(s).

**AFFIDAVIT OF DILIGENT SEARCH AND INQUIRY**

I, (full legal name) _____, being sworn, certify that the following information is true:

1. I have made diligent search and inquiry to discover the name and current residence of Defendant: (Specify details of search) **Refer to checklist below and identify all actions taken (any additional information included such as the date the action was taken and the person with whom you spoke is helpful) (attach additional sheet if necessary):**

**[X all** that apply]

____ United States Post Office inquiry through Freedom of Information Act for current address or relocations.
____ Last known employment of Defendant, including name and address of employer. You should also ask for any addresses to which W-2 Forms were mailed, and, if a pension or profit-sharing plan exists, then for any addresses to which any pension or plan payment is and/or has been mailed.
____ Unions from which Defendant may have worked or that governed particular trade or craft.
____ Regulatory agencies, including professional or occupational licensing.
____ Names and addresses of relatives and contacts with those relatives, and inquiry as to Defendant's last known address. You are to follow up any leads of any addresses where Defendant may have moved. Relatives include, but are not limited to: parents, brothers, sisters, aunts, uncles, cousins, nieces, nephews, grandparents, great-grandparents, former in-laws, stepparents, stepchildren.
____ Information about the Defendant's possible death and, if dead, the date and location of the death.
____ Telephone listings in the last known locations of Defendant's residence.
____ Internet at http://www.switchboard.com or other Internet people finder or the library checked for me.
____ Law enforcement arrest and/or criminal records in the last known residential area of Defendant.
____ Highway Patrol records in the state of Defendant's last known address.
____ Department of Motor Vehicle records in the state of Defendant's last known address.
____ Department of Corrections records in the state of Defendant's last known address.

____ Title IV-D (child support enforcement) agency records in the state of Defendant's last known address.
____ Hospitals in the last known area of Respondent's residence.
____ Utility companies, which include water, sewer, cable TV, and electric, in the last known area of Defendant's residence.
____ Letters to the Armed Forces of the U. S. and their response as to whether or not there is any information about Defendant.
____ Tax Assessor's and Tax Collector's Office in the area where Defendant last resided.
____ Other: (explain) _____
_____
_____
_____

2. The age of Defendant is {**X one** only] (__) known {enter age} _____ **or** (__) unknown.
3. Defendant's current residence

[**X one** only]

____ a. Defendant's current residence is unknown to me.
____ b. Defendant's current residence is in some state or country other than Florida, and Defendant's last known address is: _____
_____.
____ c. The Defendant, having residence in Florida, has been absent from Florida for more than 60 days prior to the date of this affidavit, or conceals him(her)self so that process cannot be served personally upon him or her, and I believe there is no person in the state upon whom service of process would bind this absent or concealed Defendant.

**I understand that I am swearing or affirming under oath to the truthfulness of the claims made in this affidavit and that the punishment for knowingly making a false statement includes fines and/or imprisonment.**

Dated: _____

_____
Plaintiff's signature
Printed Name: _____
Address: _____
City, State, Zip: _____
Telephone Number: _____
Fax Number: _____

STATE OF FLORIDA,
COUNTY OF _____.

Sworn to or affirmed and signed before me on _____ by _____.

_____
Notary Public or Deputy Clerk

____ Personally known
____ Produced identification
Type of identification produced _____

IN THE COUNTY COURT IN AND FOR DESOTO COUNTY, FLORIDA

_____
_____
Plaintiff(s),

vs. CASE NO. _____

_____
_____
Defendant(s).

**NOTICE OF ACTION**
**(No Property)**

TO: _____

YOU ARE NOTIFIED that an action for: (state reason) _____
_____
has been filed against you and you are required to serve a copy of your written defenses, if any, to it on Plaintiff(s), _____, whose address is: _____ _____, on or before _____, 20___, and file the original with the Clerk of this Court immediately thereafter; otherwise a Default will be entered against you for the relief demanded in the Complaint.

DATED on _____.

NADIA K. DAUGHTREY
Clerk of the Court

By: _____
Deputy Clerk

Publication dates: _____

NOTE: Please use one of the following topics to fill in the for the reason in the above Notice of Action:

Claim for goods, wares and merchandise sold by Plaintiff to Defendant

Defective goods, workmanship and services – implied warranty

Work done and materials furnished by Plaintiff for Defendant

Money lent by Plaintiff to Defendant

Money due to Plaintiff upon accounts stated

Promissory note

Rent and damages

Auto negligence

Property conversion by Defendant

Check – refused payment by bank

Services not performed or performed improperly

Breach of Contract

IN THE COUNTY COURT IN AND FOR DESOTO COUNTY, FLORIDA

_____
_____
_____
(Name and Address)
Plaintiff(s),

vs. CASE NO. _____

_____
_____
_____
(Name and Address)
Defendant(s).

**MOTION FOR CLERK'S DEFAULT**

Plaintiff asks the clerk to enter a default against Defendant(s) _____ _____, for failing to respond as required by law to Plaintiff's complaint.

_____
Plaintiff's signature
_____
_____
Address
Phone: _____

**DEFAULT**

A default is entered in this action for eviction against the Defendant(s) for failure to respond as required by law.

Dated: _____

**NADIA K. DAUGHTREY**
**CLERK OF COURT**

BY:_____
Deputy Clerk

IN THE COUNTY COURT IN AND FOR DESOTO COUNTY, FLOIRDA

_____
_____
_____
(Name and Address)
Plaintiff(s),

vs. CASE NO. _____

_____
_____
_____
(Name and Address)
Defendant(s).

**MOTION FOR FINAL JUDGMENT**

Plaintiff(s) asks the court to enter a Final Judgment against _____ _____, the Defendant(s), and says:

1. Plaintiff filed a complaint against Defendant(s), which Defendant(s) failed to answer.

2. A Default was entered by the Clerk of Court on _____.

WHEREFORE, Plaintiff asks this court to enter a Final Judgment for against Defendant(s).

Dated: _____

_____
Plaintiff's signature
_____
_____
Address
Phone: _____

IN THE COUNTY COURT IN AND FOR DESOTO COUNTY, FLORIDA

_____
_____
_____
(Name and Address)
Plaintiff(s),

vs. CASE NO. _____

_____
_____
_____
(Name and Address)
Defendant(s).
_____/

**NOTICE FOR TRIAL**

Plaintiff(s), _____, hereby file(s) this Notice for Trial and allege(s):

1. The above-styled cause of action is at issue and is ready to be set for trial.

2. The trial, which is estimated to last _____ Hours _____ Day(s), is to be before the Court on the (check one) ___ original issue ___ answer ___ counter-claim.

3. This cause shall be tried (check one) ___ without a jury ___ with a jury.

I HEREBY CERTIFY that a true and correct copy of the foregoing was furnished by United States Mail this _____ day of _____, 20___, to Defendant(s), _____ _____.

_____
Plaintiff's signature
_____
_____
Address

Copy to:
Honorable Danielle L. Brewer
County Judge

IN THE COUNTY COURT IN AND FOR DESOTO COUNTY, FLORIDA

_____
_____
_____
(Name and Address)
Plaintiff(s),

vs. CASE NO. _____

_____
_____
_____
(Name and Address)
Defendant(s).
_____/

**MOTION FOR ENFORCEMENT PARAGRAPH**

Plaintiff(s), _____, moves the Court to include an enforcement paragraph in any Final Judgment entered in this cause requiring the Defendant(s) to complete a Fact Information Sheet and to return it to the Plaintiff(s) within 45 days from the date of the final judgment, unless the final judgment is satisfied or a motion for new trial or notice of appeal is filed.

Signed this _____ day of _____, 20___.

_____
Plaintiff

I HEREBY CERTIFY that a copy of the foregoing has been furnished to Defendant(s), _____ Address: _____by U. S. Mail this _____ day of _____, 20___.

_____
Plaintiff

IN THE COUNTY COURT IN AND FOR DESOTO COUNTY, FLORIDA

_____
_____
_____
(Name and Address)
Plaintiff(s),

vs. CASE NO. _____

_____
_____
_____
(Name and Address)
Defendant(s).
_____/

**NOTICE OF VOLUNTARY DISMISSAL**

No property having been seized or placed into the custody of the Court, the Plaintiff(s), _____ _____, hereby dismisses this action against Defendant(s) _____ _____.

I certify that a copy has been furnished by mail or hand delivery to Defendant(s):

_____
_____
_____
Name and Address

on this _____ day of _____, 20____.

_____
Signature
_____
_____
_____
Name and Address

STATE OF FLORIDA,
COUNTY OF _____.

Sworn to and subscribed before me by _____, who is personally know to me or produced _____ as identification this ____ day of _____, 20____.

_____
Deputy Clerk or Notary Public

IN THE COUNTY COURT IN AND FOR DESOTO COUNTY, FLORIDA

_____
_____
_____
(Name and Address)
Plaintiff(s)

vs. CASE NO._____

_____
_____
_____
(Name and Address)
Defendant(s)
_____/

**MEANS OF FINAL DISPOSITION (Place an X in one box only)**

[ ] Dismissed Before Hearing
[ ] Dismissed After Hearing
[ ] Disposed by Default
[ ] Disposed by Judge
[ ] Disposed by Non-jury Trial
[ ] Disposed by Jury Trial
[ ] Other

Signed this _____ day of _____, 20____.

_____
Plaintiff's signature
_____
_____
Address
Phone: _____

IN THE COUNTY COURT IN AND FOR DESOTO COUNTY, FLORIDA

_____
_____
_____
(Name and Address)
Plaintiff(s),

vs. CASE NO. _____

_____
_____
_____
(Name and Address)
Defendant(s).
_____/

**SATISFACTION OF JUDGMENT**

KNOW ALL MEN BY THESE PRESENTS: That _____ _____, the Plaintiff(s) in the above styled cause, wherein a Judgment was rendered on _____, in the above named Court for $_____ (_____DOLLARS AND CENTS) against _____ _____, the Defendant(s) herein, said Judgment being duly recorded in Official Records Book _____, Page _____, and the Certified Copy of Judgment recorded in Book _____, Page _____, of the Public Records of _____ County, Florida, do hereby acknowledge full payment and satisfaction thereof and hereby consent the same to be satisfied of record.

_____ _____
Witness Plaintiff
_____
_____ _____
Witness Address

_____ _____
Witness Plaintiff
_____
_____ _____
Witness Address

STATE OF FLORIDA,
COUNTY OF _____.
Sworn to and subscribed before me this _____ day of _____, 20___, by _____ _____, who is/are personally known to me or have produced _____as identification.

_____

Deputy Clerk or Notary Public

(SEAL)