

**IN THE COUNTY COURT OF THE SEVENTH JUDICIAL
CIRCUIT IN AND FOR VOLUSIA COUNTY, FLORIDA**

Number: _____

Judge: _____

STATEMENT OF CLAIM

Sues

Plaintiff(s)

Defendant(s)

Address: _____

Address: _____

Telephone: _____

Telephone: _____

Plaintiff(s), _____ sue(s)

Defendant(s) _____ and alleges:

1. This is an action for damages that does not exceed \$8000.00.
2. Give a brief statement explaining reasons for filing this suit. (what happened, dates, times, place etc.) Attach any supporting documentation and additional pages, if needed: _____

WHEREFORE, Plaintiff requests judgment in the amount of \$ _____ damages, \$ _____ interest, attorney's fees (if applicable) and costs of this action.

Plaintiff or Plaintiff's Attorney Printed Name

Plaintiff's Signature

Date

The below named Plaintiff being duly sworn states the foregoing claim is a just and true statement of the amount owing by the Defendant to the Plaintiff, exclusive of all setoffs and just grounds of defense. Plaintiff states that the Defendant is not in the Military Service of the United States. This action has been brought in the County in which venue is proper, pursuant to Chapter 47, Florida Statutes.

STATE OF FLORIDA
COUNTY OF VOLUSIA

Signature of Plaintiff(s)

Sworn to and subscribed before me on _____ by the affiant _____
_____, who is personally known to me or produced _____
_____ as identification.

SIGNATURE OF NOTARY PUBLIC
Printed Name of Notary Public:
Commission Expires:
Commission #:

LAURA E. ROTH
CLERK OF THE CIRCUIT COURT

By: _____
Deputy Clerk



REQUESTS FOR ACCOMMODATIONS BY PERSONS WITH DISABILITIES If you are a person with a disability who needs an accommodation in order to participate in this proceeding, you are entitled, at no cost to you, to the provision of certain assistance. Please contact Court Administration, 101 N. Alabama Ave., Ste. B-205, DeLand, FL 32724, (386) 257-6096, at least 7 days before your scheduled court appearance, or immediately upon receiving this notification if the time before the appearance is less than 7 days; if you are hearing or voice impaired, call 711.

THESE ARE NOT COURT INFORMATION NUMBERS



SOLICITUD DE ADAPTACIONES PARA PERSONAS CON DISCAPACIDADES

Si usted es una persona con discapacidad que necesita una adaptación para poder participar en este procedimiento, usted tiene el derecho a que se le proporcione cierta asistencia, sin incurrir en gastos. Comuníquese con la Oficina de Administración Judicial (Court Administration), 101 N. Alabama Ave., Ste. B-205, DeLand, FL 32724, (386) 257-6096, con no menos de 7 días de antelación de su cita de comparecencia ante el juez, o de inmediato al recibir esta notificación si la cita de comparecencia está dentro de un plazo menos de 7 días; si usted tiene una discapacidad del habla o del oído, llame al 711.

ESTOS NUMEROS TELEFONICOS NO SON PARA OBTENER INFORMACION JUDICIAL