COUNTY COURT, GADSDEN COUNTY, FLORIDA STATEMENT OF CLAIM

		Case N	No
The Plaintiff: Address:		The Defendant: Address:	
City:	Zip:	City:	Zip:
And claims the same and alleges that the	nterest plus court costs	as being due from the d of \$, which al	lefendant, together with
The defenda	nt is/is not in the M	ilitary Service of the Unite	ed States.
CTATE OF FLORIDA	BUSINES	S NAME:	
STATE OF FLORIDA COUNTY OF GADSDE	SIGNATURE AN	D TITLE:	
owing by the defend	dant to said plaintiff, exclu		nd true statement of the amount unds of defense; and the suit is fore.
		Signa	ture of Plaintiff
Sworn to and	d subscribed before me	this day of	, 20
		Nicholas Thon	nas, Clerk of County Court
		Ву	
		Deputy (Clerk (or Notary)
The State of Flori	da		(To Be Filled In by Clerk)
To:			SUMMONS NOTICE TO APPEAR
			1101102 107111 27111
you as shown by the hold a HEARING a	foregoing Statement, together and/or PRE-TRIAL CONFER	re named Plaintiff has made a Claim a with Court cost and any further cost ENCE on the Claim onM., upstairs in C	s which may accrue. The Court will
House, Quincy, Flor If you desire Court by you or also serve a copy to	ida. e to file any counterclaim your Attorney in writing o the plaintiff, by mail.	or off-set to Plaintiff's said of at least five (5) days prior t	claim, it must be filed in this o the above date. You should
reside, where the tra where payment is re case tried in one of you to appear or by	ansaction occurred, where the period of this case has been by the above counties, you may demaking written request in advi-	re that this action be heard only in the property involved is located, or if a cought in a county other than one of o so by orally requesting the change ance of that date. The written reques aintiff or plaintiff's attorney, if any, an	secured promissory note, the county the above and you wish to have the at the time and date scheduled for it must include the case number and
YOU ARE R JUDGEMENT BY	DEFAULT. IT IS NECESSA RING ON THIS CLAIM TO	NT AT THE HEARING IN ORI ARY TO BRING WITNESSES, BO THIS HEARING.	OOKS, RECEIPTS, OR OTHER
	WITNESS, my hand and t	he seal of said Court on	mas, Clerk of County Court
	mas, Cierk of County Court		
(SEAL COUNTY	COURT)		DEPUTY CLERK

HOW TO FILE YOUR CASE

FILLING OUT A STATEMENT OF CLAIM FORM:

(NOTE: An original of this form and a copy for you and each defendant must be filled out.)

- First, make sure that you fill in the name, address and telephone number of yourself and the defendant.
 Make <u>sure</u> of the correct name of the defendant. If the defendant is a company, corporation, minor child, married woman, etc. you may want to ask the clerk for advice on how to word their name for the suit.
- 2. Fill in the amount of your claim in the blank provided. If you wish to claim interest, you <u>must</u> also state that amount separately in the blank provided.
- 3. Next, describe your claim against the defendant in the blank areas provided.
- 4. If your suit is based on a written instrument, note, check, etc., you must attach a copy of this paper to the original copies of the Statement of Claim forms.
- 5. If the defendant is <u>or</u> is not a member of the Military Service, so signify by striking through the wording that does not apply.

UNLESS FILED BY AN ATTORNEY this claim <u>must</u> be signed and sworn to before a clerk or a notary public. This is carbonless paper. Do not copy these forms on a copy machine.

FILLING FEE:

Depending on the total amount of your claim, the filing fees are as follows:

For all claims \$100.00 or less	\$	55.00
For all claims more than \$100.00 but less than or equal to \$500.00	\$	80.00
For all claims more than \$500.00 but less than or equal to \$2,500.00	.\$1	175.00
For all claims more than \$2.500.00 but less than or equal to \$5.000.00	\$3	300.00

MAKE ALL CHECKS PAYABLE TO:

CLERK OF COUNTY COURT

P.O. BOX 1649

QUINCY, FLORIDA 32353-1649

SERVING PAPERS ON THE DEFENDANT:

The Court will serve the defendant by certified mail at a charge to you. If you find it necessary to have the Sheriff serve the defendant(s), his service charge will be \$20.00 for each defendant served. If you serve the papers through the Sheriff, make a separate check payable to the Sheriff of the County where the defendant lives. (A defendant must be served with papers before a judgment can be entered against him.) Do not use post office box addresses for Sheriff service.

NOTICE TO PLAINTIFF AND DEFENDANT

The Notice to Appear section on the front of this page is filled out by the desk clerk. Both Plaintiff and Defendant will be served with this notice. YOU MUST BOTH APPEAR AT THE TIME AND PLACE SET FOR THE HEARING. THE PURPOSE OF THIS HEARING IS TO ENABLE THE COURT TO DETERMINE THE NATURE OF THE CASE AND TO SET THE TRIAL DATE, IF NECESSARY. YOU MAY COME WITH OR WITHOUT AN ATTORNEY. IF YOU'RE UNDER A DOCTOR'S CARE AND UNABLE TO ATTEND COURT, PLEASE NOTIFY THE COURT IMMEDIATELY AND FURNISH A STATEMENT FROM YOUR TREATING PHYSICIAN THAT YOU ARE UNABLE TO ATTEND COURT.

ENTRY OF A JUDGMENT AGAINST THE DEFENDANT:

If the Court rules for the plaintiff, a copy of the Final Judgment will be mailed to him. Included will be information on the steps that can be taken to enforce the judgment.

YOU ARE BOTH ENCOURAGED TO CONTACT THE OPPOSING PARTY TO DETERMINE IF AN OUT-OF-COURT SETTLEMENT CAN BE REACHED BEFORE THE HEARING, OR AT ANY TIME BEFORE JUDGMENT IS ENTERED. IF SETTLEMENT IS REACHED, THE PLAINTIFF SHOULD ADVISE THE CLERK SO THAT THE CASE CAN BE REMOVED FROM THE COURT'S DOCKET. THE PLAINTIFF MUST THEN FILE A VOLUNTARY DISMISSAL WITH THE COURT AND FURNISH THE DEFENDANT A COPY.

BOTH PARTIES MUST KEEP THE COURT INFORMED OF THEIR CURRENT ADDRESS.
FUTURE NOTICES WILL BE SENT BY REGULAR MAIL.