

IN THE COUNTY COURT IN AND FOR BROWARD COUNTY FLORIDA		CLOCK IN	
DIVISION: <input checked="" type="checkbox"/> CIVIL <input type="checkbox"/> OTHER	<h2 style="margin: 0;">STATEMENT OF CLAIM</h2>		
PLAINTIFF (S)		vs. DEFENDANT (S)	
		CASE NUMBER <div style="text-align: right;">SP</div> DIV: _____	
<p>The Plaintiff sues the Defendant for money owed Plaintiff by Defendant; and which is past due and unpaid; for (As marked (x) below) :</p> <div style="margin-left: 40px;"> <input type="checkbox"/> Goods, wares and merchandise sold by Plaintiff, to Defendant; <input type="checkbox"/> Work done and materials furnished by Plaintiff, to Defendant; <input type="checkbox"/> Money loaned by Plaintiff to Defendant; <input type="checkbox"/> Money due to Plaintiff upon accounts stated and agreed to between them; <input type="checkbox"/> On a written instrument, copy of which is attached hereto; <input type="checkbox"/> Rent for certain premises in Broward County, Florida, Viz; <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Any additional facts in connection with any of the above: <div style="margin-left: 100px;">(Use additional sheet if necessary)</div> </div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div>			
<p>Where Plaintiff demands judgment in the sum of \$_____ together with court costs which the court may assess. The Plaintiff, says the foregoing is a just and true statement of the amount owing by the Defendant to Plaintiff, exclusive of all set-offs and just grounds of defense. Affiant states that the Defendant(s) is/are not in the military service of the United States.</p>			
<p>SWORN AND SUBSCRIBED BEFORE ME this _____ day of _____, 20_____.</p>			
PLAINTIFF OR ATTORNEY		BRENDA D. FORMAN, CLERK OF COURTS	
ADDRESS OF PLAINTIFF/ATTORNEY _____ _____		by: _____ <div style="text-align: center;">DEPUTY CLERK</div>	
PLAINTIFF/ATTORNEY TELEPHONE (_____)		NOTARY PUBLIC State of Florida	
ATTORNEY BAR NUMBER:		MY COMMISSION EXPIRES:	