

FORM 1.997 CIVIL COVER SHEET

The civil cover sheet and the information contained herein neither replace nor supplement the filing and services of pleadings or other papers as required by law. This form shall be filed by the plaintiff or petitioner for the use of the Clerk of Court for the purpose of reporting judicial workload data pursuant to Florida Statutes section 25.075.

I. CASE STYLE

IN THE COUNTY COURT IN AND FOR BROWARD COUNTY FLORIDA

CASE #:

DIVISION:

PLAINTIFF,

VS

Defendant.

- II. TYPE OF CASE** (If the case fits more than one type of case, select the most definitive category.) If the most descriptive label is a subcategory (is indented under a broader category), place an x in both the main category and subcategory boxes.

- Condominium ☐
- Contracts and indebtedness ☐
- Eminent domain ☐
- Auto negligence ☐
- Negligence—other \$0 - \$50,000 ☐
 - Business governance ☐
 - Business torts \$50,001 - \$249,999 ☐
 - Environmental/Toxic tort ☐
 - Third party indemnification \$250,000 or more ☐
 - Construction defect ☐
 - Mass tort ☐
 - Negligent security ☐
 - Nursing home negligence ☐
 - Premises liability—commercial ☐
 - Premises liability—residential ☐
- Products Liability
- Real Productivity/Mortgage foreclosure
 - Commercial foreclosure \$0-\$50,000
 - Commercial foreclosure \$50,001 - \$249,999
- Homestead residential foreclosure \$0 - \$50,000
- Homestead residential foreclosure \$50,001 - \$249,999
- Homestead residential foreclosure \$250,000 or more
- Nonhomestead residential foreclosure \$0 - \$50,000
- Nonhomestead residential foreclosure \$50,001 - \$249,000
- Other real property actions \$0 - \$50,000
- Other real property actions \$50,001 - \$249,999
- Other real property actions \$250,000 or more
- Professional malpractice
 - Malpractice—business
 - Malpractice—medical
 - Malpractice—other professional
- Other
- Antitrust/Trade regulation
- Business transactions
- Constitutional challenge—statute or ordinance
- Landlord / Tenant Eviction

- Constitutional challenge - proposed amendment
- Corporate trusts
- Discrimination - employment or other
- Insurance claims
- Intellectual property

- Libel/Slander
- Shareholder derivative action
- Securities litigation
- Trade secrets
- Trust litigation



III. REMEDIES SOUGHT (check all that apply)

Monetary

Nonmonetary declaratory or injunctive relief;

Punitive

IV. NUMBER OF CAUSES OF ACTION: [2]

(specify) Possession and Damages

V. IS THIS CASE A CLASS ACTION LAWSUIT?

Yes

No

VI. HAS NOTICE OF ANY KNOWN RELATED CASE BEEN FILED?

No

Yes If "yes", list all related cases by name, case number, and court.

VII. IS JURY TRIAL DEMANDED IN COMPLAINT?

Yes

No

I CERTIFY that the information I have provided in this cover sheet is accurate to the best of my knowledge and belief.

DATE: _____
_____, OWNER,

IN THE COUNTY COURT IN AND FOR BROWARD COUNTY, FLORIDA

PLAINTIFF

VS

CASE NO:

DEFENDANT

EVICTIION SUMMONS/RESIDENTIAL

TO: _____
DEFENDANT(S)

PLEASE READ CAREFULLY

YOU ARE BEING SUED BY _____ TO REQUIRE YOU TO MOVE
OUT OF THE PLACE WHERE YOU ARE LIVING FOR THE REASONS GIVEN IN THE ATTACHED
COMPLAINT:

You are entitled to a trial to determine whether you can be required to move, but a Judge may order you to move without a trial **unless you have done ALL of the things listed below. You must do them within 5 days** (not including Saturday, Sunday or any legal holiday) after the date these papers were given to you or to a person who lives with you or were posted at your home.

THE THINGS YOU MUST DO ARE AS FOLLOWS

- (1) **Pay to the clerk of the court the amount of rent that the attached complaint claims to be due and any rent that becomes due until the lawsuit is over.** In addition, you must pay the Clerk's registry fee of 3% of the first \$500.00 deposit and 1.5% of each subsequent \$100.00. The Clerk will only accept cash, certified check or a money order or an attorney's trust account check, made payable to the Clerk of Courts.
- (2) If you believe that the amount claimed in the complaint is incorrect, you should file with the clerk of the court a motion to have the court determine the amount to be paid. If you file a motion, **you must attach to the motion any documents supporting your position and mail or give a copy of the motion to the plaintiff/plaintiff's attorney.**
- (3) Write down the reason(s) why you think you should not be forced to move. (You still must deposit the rent in the court registry.) The written reason(s) must be given to the Clerk of Court at:

BROWARD COUNTY COURTHOUSE

Within the time limit, and you must also mail or give a copy of your written reason(s) to the Plaintiff's attorney, or if the Plaintiff has no attorney, to the Plaintiff(s) at:

(Landlord's Information)

IF YOU DO NOT DO ALL THE THINGS SPECIFIED ABOVE WITHIN 5 WORKING DAYS AFTER THE DATE THAT THESE PAPERS WERE GIVEN TO YOU OR TO A PERSON WHO LIVES WITH YOU OR WERE POSTED AT YOUR HOME, YOU MAY BE EVICTED WITHOUT A HEARING OR FURTHER NOTICE.

- (4) If the attached complaint also contains a claim for money damages (such as unpaid rent), you must respond to that claim separately. You must write down the reasons why you believe that you do not owe the money claimed. The written reasons must be given to the clerk of the court at the address specified in paragraph (1) above, and you must mail or give a copy of your written reasons to the plaintiff/plaintiff's attorney at the address specified in paragraph (2) above. This must be done within 20 days after the date these papers were given to you or to a person who lives with you. This obligation is separate from the requirement of answering the claim for eviction within 5 days after these papers were given to you or to a person who lives with you or were posted at your home.
- (5) 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 the ADA Coordinator, Room 470, 201 SE 6 Street, Ft Lauderdale, FL 33301, (954)831-7721 at least 7 days before your scheduled court appearance, or immediately upon receiving this notification if the time before the scheduled appearance is less than 7 days; if you are hearing of voice impaired, call 711.

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.

DATE_____, 20_____.

CLERK OF THE COUNTY COURT

BY_____

AS DEPUTY CLERK

NOTIFICACION DE DESALOJO/RESIDENCIAL

A: _____

Demandado(s)

POR FAVOR LEA DETENIDAMENTE

Usted está siendo demandado por _____ para exigirle que se mude del lugar donde está viviendo por las razones dadas en la demanda adjunta.

Usted tiene derecho a un juicio para determinar si usted puede ser obligado a mudarse, pero un juez pudiera obligarlo(a) a mudarse sin un juicio **al menos que usted haya hecho TODAS las cosas alistadas abajo. Usted debe hacerlos dentro de 5 días** (sin incluir sábado, domingo o cualquier día feriado oficial) después de la fecha en que le entregaron estos papeles a usted o a una persona que vive con usted o fueron dejados en su hogar.

LAS COSAS QUE USTED DEBE HACER SON LAS SIGUIENTES:

- (1) **Páguele a la Secretaría del Tribunal la suma de renta que la demanda adjunta afirma se debe pagar y cualquier renta que se deba hasta que la demanda judicial termine.** Además, usted debe pagarle la cuota del registro de la Secretaría del 3% del primer depósito de \$500.00 y 1.5% de cada \$100.00 subsiguientes. La Secretaria solo aceptará dinero en efectivo, un cheque certificado o un giro postal o un cheque de la cuenta de fideicomiso del abogado, hecho pagadero a la Secretaría del Tribunal.
- (2) Si usted cree que la cantidad afirmada en la demanda no es correcta, usted debe **presentar una petición con la secretaria** del tribunal para que el tribunal determine la cantidad a pagar. Si usted presenta una petición, **usted debe adjuntarle a la petición cualquier documento que apoye su postura y enviar por correo o darle una copia de la petición al demandante/abogado del demandante.**
- (3) Escriba la(s) razón(es) porqué usted piensa que no debe ser obligado a mudarse. (Usted todavía tendrá que depositar la renta en el registro del tribunal.) La(s) razón(es) escrita(s) deben ser entregadas a la Secretaría del Tribunal en el 3550 Hollywood Blvd, Room 100, Hollywood FL 33021, dentro del límite de tiempo, y usted también debe enviar por correo o darle una copia de su(s) razón(es) escrita(s) al abogado del Demandante o si el Demandante no tiene abogado, al/los Demandante(s) al:

SI USTED NO HACE TODAS LAS COSAS ESPECIFICADAS ARRIBA DENTRO DE 5 DÍAS LABORALES DESPUÉS DE LA FECHA EN QUE LE ENTREGARON ESTOS PAPELES A USTED O A UNA PERSONA QUE VIVE CON USTED O FUERON DEJADOS EN SU HOGAR, USTED PUDIERA SER DESALOJADO SIN UNA AUDIENCIA O MÁS AVISO.

- (4) Si la demanda adjunta también contiene una reclamación por indemnización monetaria (tal como renta no pagada), usted debe responder a esa reclamación por separado. Usted debe escribir las razones porqué usted piensa que no debe el dinero reclamado. Las razones escritas deben ser entregadas a la Secretaría del Tribunal en la dirección especificada en el párrafo (1) arriba, y usted debe enviar por correo o darle una copia de sus razones escritas al demandante/abogado del demandante a la dirección especificada en el párrafo (2) arriba. Esto debe ser hecho dentro de 20 días después de la fecha en que le entregaron estos papeles a usted o a una persona que vive con usted. Esta obligación es aparte del requisito de responder a la reclamación por desalojo dentro de 5 días laborales después de que estos papeles les fueron entregados a usted o a una persona que vive con usted o fueron dejados en su hogar.

Si usted es una persona con una discapacidad que necesita alguna acomodación para poder participar en este procedimiento, usted tiene derecho, sin costo alguno para usted, a la prestación de cierta ayuda. Por favor comuníquese con el coordinador ADA, Room 470, 201 S.E. 6th Street, Ft. Lauderdale, FL 33301, (954) 831-7721 al menos 7 días antes su comparecencia programada en el tribunal, o inmediatamente después de haber recibido esta notificación si la hora programada de la comparecencia es menos de 7 días; si usted tiene impedimentos de audición o del habla, llame al 711.

El tribunal no proporciona intérpretes para las audiencias civiles. Usted debe proporcionar su propio intérprete o alguien que traduzca para usted.

EL ESTADO DE LA FLORIDA:

A cada alguacil del Estado: Se le ordena entregar esta citación y una copia de la demanda en esta demanda judicial al demandado nombrado arriba.

FECHADO: _____

Secretario del Tribunal

Por _____
Como Subsecretario

CITATION D'EVICITION/RESIDENTIELLE

A: _____

Defendeur(s)

TANPRI PRAN TAN W POU LI SA A

Yo rele w nan tribinal pou _____ mande w pou sòti nan kay kote w abite a pou rezon ki nan papye plent la.

Ou gen dwa vinn devan yon jig pou l deside si w oblije demenaje men yon jig gendwa mande w pou sòti nan kay la anvan jigman **amwens ke ou fè tout sa k nan lis anba a**. Apre yo ba w papye sa yo, oswa yo bay yon moun lakay ou li, oswa mete l nan bwat postal ou, ou genyen sink jou pou fè tout sa yo mande w pou fè yo (Samdi, Dimanch ak jou konje legal yo pa konte).

MEN SA W GENYEN POU FÈ YO:

- (1) **Paye grefye tribinal la tout kòb lwaye ki make sou papye a epi kontinye paye lwaye ya jiskaske pwosè a fini.** Anplis, fòk ou paye grefye a 3% premye \$500.00 depozit la epi 1.5% sou chak \$100.00 ou bay kòm deposit. Grefye a sèlman pran lajan, oswa chèk sètifye, ak lajan sou lòd oswa chèk ki sòti nan biwo yon avoka. Sou chèk la, ekri grefye tribinal (Clerk of Courts).
 - (2) Si w kwè ke lajan plent la mande pou peye a se pa sa, ranpli yon aplikasyon ak grefye tribinal la pou tribinal deside konbye pou ou paye. Si w fè aplikasyon an, **vini ak tout papye ki montre konbe kòb lwaye a te ye, epi poste l oswa bay avoka moun ki fè demann nan yon kopi.**
 - (3) Ekri reason ki fè w panse ke w pa oblije sòti nan kay la. (Kan mèm, fòk ou depoze kòb la nan rejis tribinal la). Fòk ou ekri bay Grefye Tribinal la rezon an nan 3550 Hollywood Blvd, Room 100, Hollywood FL, 33021 nan delè yo ba w la, epi fòk ou poste l oswa bay avoka moun ki fè plent la yon kopi rezon ou bay la, si moun nan pa gen avoka, ba li kopi anan:
- SI W PA FÈ TOUT SA W GEN POU FÈ NAN SINK JOU APRE YO BA W PAPYE A, OSWA YO BAY YON MOUN KAY LA PAPYE A, OSWA YO POSTE LAKAY OU, YO GEN DWA METE W DEYÒ NAN KAY LA SAN JIGMAN.**
- (4) Si plent la mande pou paye domaj (tankou lwaye ou pa peye), fòk ou bay repons sa a separeman. Fòk ou ekri rezon ki fè w kwè ke w pa dwe lajan yo mande w la. Ou dwe ekri rezon yo bay grefye tribinal la nan adrès ki nan paragraph (1) anwo paj la, epi fòk ou bay avoka moun nan ki fè plent la yon kopi nan adrès yo bay nan paragraf

(2) a. Fòk ou fè tout bagay sa yo nan 20 jou apre ou mèn moun lakay ou te jwenn papye plent la. Sa a pa menm bagay ak plent ki mande pou sòti nan kay la nan sink jou a apre yo ba w papye a, oswa bay yon moun lakay ou, oubyen poste l lakay ou.

Si w se yon moun ki domaje ki bezwen arangman espesyal pou patisipe nan jigman, genyen kèk asistans gratis. Tanpri rele asistan biwo 470, 201 S.E. 6th Street, Ft. Lauderdale, FL 33301. 954-831-7721, pou pi piti 7 jou anvan dat ou gen pou ale nan tribinal la, oswa imedyatman apre w resevwa notis la si dat pou ale nan tribinal la pi piti ke 7 jou; si w soud oswa w bèbè, rele 711.

Tribinal la pa bay entèprèt pou ka sivil. Fòk ou pran entèprèt pa w oswa vini ak yon moun ki ka tradwi pou ou.

VIL FLORID:

Tout Chèf Seksyon nan vil la: Ou gen lòd pou sèvi somasyon sa a ak tout yon kopi plent pwosè a bay akize ki gen non l ekri anwo pag la.

Dat: _____

Grefye Tribinal a

Pa _____

Depite Grefye

IN THE COUNTY COURT, IN AND FOR
_____ COUNTY, FLORIDA
[insert County in which rental property is
located]

[insert name of Landlord] CASE NO. _____
assigned [insert case number]
Plaintiff, by Clerk of the Court]
vs.

COMPLAINT FOR EVICTION

[insert name of Tenant]
Defendant.
/

Plaintiff, _____ [insert name of Landlord], sues
Defendant, _____ [insert name of Tenant] and alleges:

1. This is an action to evict a Tenant from real property in
_____ [insert county in
which the property is located] County, Florida.

2. Plaintiff owns the following described real property
in the County:

[insert legal or street description of the property including, if applicable,
unit number].

3. Defendant has possession of the property under a (oral/written)
agreement to pay rent of \$ _____ [insert rental amount] payable
_____ [insert terms of rental payments, i.e., weekly,
monthly, etc.]. A copy of the written agreement, if any, is attached as Exhibit
"A."

4. Defendant failed to pay the rent due _____, 20____ [insert
date of payment Tenant has failed to make].

5. Plaintiff served Defendant with a notice on _____, 20____
[insert date of notice], to pay the rent or deliver possession but Defendant
refuses to do either. A copy of the notice is attached as Exhibit
"B."

WHEREFORE, Plaintiff demands judgment for possession of the property against Defendant.

Signature

Name of Landlord/Property Manager
(circle one)

Address

City, State, Zip Code

Phone

Number

Approved for use under rule 10-2.1(a) of This form was completed the
Rules Regulating The Florida Bar with the assistance of:

Name:

The Florida Bar 2010

Address:

Telephone Number: