

**COUNTY COURT, PINELLAS COUNTY, FLORIDA  
SMALL CLAIMS DIVISION**

UCN: \_\_\_\_\_ Reference No.: \_\_\_\_\_

VS. <i>Defendant 1</i>	Plaintiff(s)	<i>Defendant 2</i>
Defendant(s)		Address:
Address:		Address:

**STATEMENT OF CLAIM**

Plaintiff(s) sue(s) the Defendant(s) for damages which do not exceed \$5,000.00 exclusive of costs, interest and attorney's fee for (check one category below):

- Auto Accident**
- Bad Check** - Select one: ( ) insufficient funds ( ) stop payment ( ) other
- Breach of Agreement** - Select one: ( ) oral agreement ( ) written agreement
  - Select one:
  - Goods or merchandise – Select one: ( ) sold by Plaintiff ( ) received by Plaintiff
  - Money paid for either goods or services not provided
  - Services including materials – Select one: ( ) rendered by Plaintiff ( ) received by Plaintiff
  - Wages including salary, commission or fees
- Money loaned** - Select one ( ) oral loan ( ) written loan
- Rent/Property Damage** - Select one ( ) oral lease ( ) written lease
  - Amount claimed for Rent: \_\_\_\_\_ Amount claimed for Property Damage: \_\_\_\_\_
- Security Deposit claim**
- Other claim** – Please specify: \_\_\_\_\_

Explain below the details (what happened, dates, times, place, etc) of your claim. This section must be completed.

Attached is a copy of any written document(s) that is the basis of this claim.

WHEREFORE, the Plaintiff(s) demand judgment in the principal sum of \$ \_\_\_\_\_  
 plus costs in the amount of \$ \_\_\_\_\_  
 plus interest in the amount of \$ \_\_\_\_\_  
 plus attorney's fee in the amount of \$ \_\_\_\_\_

*Under penalties of perjury, I / We declare that I / We have read the foregoing statement of claim, that the facts stated in it are true, and that Defendant(s) is/are not in the military service of the United States.*

Signature of Attorney for Plaintiff(s)	Signature of all Plaintiff(s) or Company Representative
Plaintiff or Attorney Address:	Print name of all Plaintiff(s) or Company Representative
Atty Telephone No. _____	Title (if applicable)
Atty SPN No. _____	Telephone No. _____