

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

UCN: _____ Reference No.: _____

Address: _____ Plaintiff(s)

vs.

Address: _____ Defendant(s)

STATEMENT OF CLAIM - LANDLORD/TENANT - SECURITY DEPOSIT REFUND

Plaintiff(s) sue(s) the Defendant(s) for damages which do not exceed \$5,000.00, exclusive of costs, interest and attorney's fees (if appropriate) and allege(s):

1. On or about _____, _____, Plaintiff(s) lease _____ located at _____ (an apartment/residence) _____, Pinellas County, Florida, from Defendant(s).

2. The lease was an oral lease containing the following provisions: _____

(length of lease in months or years; amount of rent payment; amount of security deposit; amount of prepaid last month's rent, if any; and any other provisions relevant to these proceedings.)

-OR-

_____ (a copy of the written lease is attached)

3. Plaintiff(s) vacated the premises on or about _____, _____.

4. Plaintiff(s) demanded return of (**security deposit** or **last month's rent**) by _____

(in person request to - name and title of person - on whatever date; or by certified letter mailed to - name and title of person - on whatever date; or by regular mail to - name and title of person on whatever date; or set out by whatever other method used).

5. Defendant(s) has/have refused to return the **security deposit** or **last month's rent** requested.

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

STATE OF FLORIDA :
COUNTY OF PINELLAS: ss.

Plaintiff _____

(Please print Plaintiff's/Plaintiffs' name exactly as it appears at top of form.) states/state that the foregoing is a just and true statement of the amount owed by Defendant(s) to Plaintiff(s) exclusive of all set-offs and just grounds of defense. Affiant states that Defendant(s) is/are not in the military service of the United States.

Signature of Attorney for Plaintiff(s)

Address: _____

Telephone No. _____

SPN No. _____

Signature of Plaintiff(s) or Agent

Title

Telephone No. _____

Sworn to and subscribed before me this

_____ day of _____, _____.

Deputy Clerk or Notary Public

State of Florida

My Commission expires: