

**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.

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)

Address:

Telephone No.

SPN No.

Signature of Plaintiff(s) or Company Representative

Print name of all Plaintiff(s) or Company Representative

Telephone No.

Title (if applicable)