

COUNTY COURT, PINELLAS COUNTY, FLORIDA SMALL CLAIMS DIVISION

UCN: _____ Reference No.: _____

Address: _____ Plaintiff(s)
vs.

Address: _____ Defendant(s)

STATEMENT OF CLAIM - AUTO ACCIDENT

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

1. On _____, 20 ____, Defendant(s) owned and/or operated a motor vehicle at _____, Pinellas County, Florida.
(place)
2. At the time, the Defendant(s) negligently operated or maintained the motor vehicle so that a collision occurred between Plaintiff(s) _____ and Defendant(s) motor vehicle.
(motor vehicle or property)
3. As a result, Plaintiff(s), was/were injured and/or sustained damages to his/their motor vehicle/property.
4. Plaintiff(s) automobile is a _____
(year, make, model of automobile)

WHEREFORE, Plaintiff(s) demand judgment in the principal amount of \$ _____ determined as follows:

_____ together with 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:

Auto Accident