

CLERK OF COUNTY COURT

4010 LEWIS SPEEDWAY ST. AUGUSTINE, FL. 32084

(904)819-3600 EXT 4420, 4421, 4470

OR 819-3650

SMALL CLAIMS FILING INSTRUCTIONS

- 1) SMALL CLAIMS CASES; NOT TO EXCEED \$5,000.00
- 2) IN ORDER TO FILE A SMALL CLAIMS ACTION AGAINST SOMEONE **YOU MUST HAVE THEIR PHYSICAL ADDRESS.**
- 3) WHEN FILING A SMALL CLAIMS SUIT, ATTACH ANY PAPERWORK YOU MAY NEED TO PROVE YOUR CLAIM TO THE COMPLAINT FORM.
- 4) AFTER YOU COMPLETE YOUR COMPLAINT WITH ATTACHMENTS (IF ANY), YOU NEED TO MAKE A COPY OF EVERYTHING FOR **EACH** DEFENDANT AND A COPY FOR YOUR PERSONAL RECORDS. IF YOU DO NOT MAKE THESE COPIES, THE CLERKS OFFICE CAN MAKE THE COPIES, BUT THE CHARGE WILL BE \$1.00 PER PAGE, AFTER THE FILING OF THE CASE OR THEY WILL BE \$.15 PER PAGE BEFORE FILING. ALSO, YOU NEED AN ENVELOPE MADE OUT TO YOURSELF WITH POSTAGE ON IT.

AFTER YOU HAVE FILED YOUR CASE IN, A PRETRIAL SUMMONS WITH AN ATTACHED COPY OF YOUR COMPLAINT WILL BE SERVED BY THE SHERIFF'S DEPARTMENT ON EACH DEFENDANT.

YOU WILL RECEIVE A COPY OF THAT SUMMONS IN THE MAIL OF THE SCHEDULED PRETRIAL DATE WITHIN 2 WEEKS AFTER FILING.

- 5) IF YOU HAVE ANY QUESTIONS, PLEASE DO NOT HESITATE TO CONTACT THE SMALL CLAIMS DEPARTMENT AT THE NUMBER LISTED ABOVE.
- 6) THE FILING FEES AND SHERIFF FEES ARE LISTED ON THE ATTACHED FEE SCHEDULE.
- 7) THE SHERIFFS DEPARTMENT DOES NOT ACCEPT PERSONAL CHECKS . THEY WILL ACCEPT CASH, CASHIERS CHECK, BUSINESS CHECK, OR MONEY ORDER. IF THE DEFENDANT LIVES IN ANOTHER COUNTY, YOU WILL NEED A MONEY ORDER OR BUSINESS CHECK FOR THAT COUNTY=S SHERIFF'S DEPT. "WE CANNOT SEND CASH THROUGH THE MAIL"
- 8) PLEASE NOTIFY OUR DEPARTMENT IF YOUR CLAIM HAS BEEN SETTLED IN ANY WAY PRIOR TO YOUR PRETRIAL DATE. WE NEED TO CLOSE THIS CASE OUT AND INFORM THE JUDGE'S OFFICE. THEY ARE VERY BUSY AND MAY BE ABLE TO USE THIS TIME FOR SOMETHING ELSE.

PLEASE KEEP IN MIND THAT THIS DEPARTMENT "CANNOT" GIVE ANY LEGAL ADVICE OR INTERPRET THE LAW FOR YOU.

HOW TO PREPARE YOUR CLAIM

JURISDICTION: The jurisdiction of this division of the Court is \$5,000.00 exclusive of costs. If your claim is for more than this amount and you wish to bring suit in Small Claims, you should write the following statement: "EXCEPT FOR COSTS, ALL SUMS DUE IN EXCESS OF \$5,000.00 ARE HEREBY WAIVED."

HOW TO PREPARE:

1. The full name of the person(s) involved.
2. If you are suing husband and wife you must use their proper names do not use Mr. Or Mrs.

3. If suing a corporation, you must serve the registered agent or an officer of the corporation. You may obtain this information by contacting the Corporate Division in Tallahassee at the (850) 488-9000 OR by looking them up on the internet at WWW.SUNBIZ.COM. If suing an individual "DOING BUSINESS AS," you list the name of the person, Dba, then the company name.

If suing an insurance company, in addition to the sheriff's service fee of twenty (\$40.00) dollars, you must enclose a check or money order in the amount of fifteen (\$15.00) dollars. Make the check or money order payable to the Insurance Commissioner. In addition, the original summons must accompany two copies of the summons and complaint.

1 On your complaint please give complete information. Always list the Plaintiff's name, address, and phone number, do the same for the Defendant. The phone number is optional for the Defendant.

2 On your GENERAL COMPLAINT, please state what was done or not done that gives rise to the claim. Put the date it occurred, and where it occurred. Fill in the amount that you are suing for. Add up your filing fee along with Sheriff's Fees and put that amount in the space provided. If you are entitled to interest on the money due you, you must state it separately showing the amount of interest due you.

3 Unless this suit is filed by an attorney at law, the GENERAL COMPLAINT must either be signed in front of a Deputy Clerk, or a Notary Public.

OTHER PAPERS: If your claim is founded on an instrument in writing such as Sales Contract, returned check, promissory note, written warranty, lease, etc. it will be necessary for you to furnish one copy of such instrument for attachment as an exhibit to each claim.

NUMBER OF COPIES: Prepare two (2) copies where suit is against one defendant, three (3) copies where suit is against two defendants, etc.

Provide an envelope made out to yourself with postage on it so we may mail your court date to you.

SERVICE OF PROCESS: Please give the Sheriff's Office a complete address of the Defendant, also tell them of any hazards they may encounter. Such as large dogs, etc.

COSTS: See attached filing fee schedule.

THE PLAINTIFF IS REQUIRED TO BE PRESENT AT THE TIME APPOINTED FOR THE PRETRIAL OF THIS CASE, UNLESS THE DEFENDANT WAS NOT SERVED. IF YOU FAIL TO APPEAR YOUR CASE WILL BE DISMISSED.

IN THE COUNTY COURT OF THE
SEVENTH JUDICIAL CIRCUIT IN
AND FOR ST. JOHNS COUNTY
CASE NUMBER: DIVISION:

NAME _____

ADDRESS _____

PHONE# _____

CITY, STATE & ZIP CODE _____

PLAINTIFF(S)

VS.

NAME _____

ADDRESS _____

PHONE# _____

CITY, STATE & ZIP CODE _____

DEFENDANT(S)

GENERAL COMPLAINT

PLAINTIFF(S), _____, SUES DEFENDANT(S)

_____, AND ALLEGES:

1. THIS IS AN ACTION FOR DAMAGES THAT DOES NOT EXCEED \$5000.00.
2. (GIVE A BRIEF DESCRIPTION OF WHY YOU HAVE FILED THIS SUIT)

WHEREFORE, THE PLAINTIFF(S) DEMANDS JUDGMENT FOR DAMAGES AGAINST DEFENDANT(S) IN THE AMOUNT OF \$ _____, TOGETHER WITH THE COSTS OF FILING THIS SUIT IN THE AMOUNT OF \$ _____

PLAINTIFF

_____ BEING DULY SWORN ON OATH, STATES THAT THE FOREGOING IS A JUST AND TRUE STATEMENT OF THE AMOUNT OWING BY THE DEFENDANT(S) TO THE PLAINTIFF(S). THE PLAINTIFF(S) ALSO STATES THAT THE DEFENDANT(S) IS/ARE NOT IN THE MILITARY SERVICE.

PLAINTIFF

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____, 20____.

(SEAL) DEPUTY CLERK

SCHEDULE OF FEES

As of July 1, 2008

All Filing Fees and Sheriff's fees are due at the time of filing your suit.

Filing Fees are made payable to: **CHERYL STRICKLAND Clerk of Courts**, and may be paid for by Local Business or Personal Check, Money Order, Cashiers Check, Cash, and Maser Card or Visa.

**** NO OUT OF STATE PERSONAL CHECKS ****
PERSONAL CHECKS MUST HAVE LICENSE NUMBERS ON THEM.

SMALL CLAIMS

CLAIMS \$0 to \$99.99	\$55.00
CLAIMS of \$100 to \$500	\$80.00
CLAIMS of \$500.01 to \$2,500	\$175.00
CLAIMS of \$2,500.01 to \$5,000	\$300.00

REMOVAL OF TENANT

EVICITION-NO BACK RENT	\$185.00
EVICITION-BACK RENT UP TO \$100	\$240.00
EVICITION-BACK RENT \$100 to \$500	\$265.00
EVICITION-BACK RENT \$500 to \$2,500	\$360.00
EVICITION-BACK RENT \$2,500 to \$15,000	\$485.00

REPLEVIN ACTIONS (in addition to filing fee) \$85.00

WRIT GARNISHMENT \$188.00
(\$100.00 Garnishee's Attorney fee) + (\$85 Filing Fee) + (\$3.00 Registry of Court Fee)

ATTACHMENT AND DISTRESS ACTIONS \$85.00

SHERIFF FEES PER DEFENDANT

SERVICE OF SUMMONS	\$40.00
WRIT OF REPLEVIN	\$90.00
WRIT OF GARNISHMENT	\$40.00
WRIT OF POSSESSION	\$90.00

NOTE: FOR YOUR CONVENIENCE THE CLERK OF COURT WILL ACCEPT PERSONAL CHECKS FOR THE FILING FEES AND THE SHERIFF'S SERVICE FEES

IMPORTANT: IF THE DEFENDANTS ADDRESS IS OUTSIDE ST. JOHNS COUNTY PAYMENT FOR SERVICE OF PROCESS MUST BE MADE BY MONEY ORDER OR BUSINESS CHECK

**** (NO CASH OR PERSONAL CHECKS WILL BE ACCEPTED)****
