

IN THE COUNTY COURT OF THE SECOND JUDICIAL CIRCUIT
IN AND FOR FRANKLIN COUNTY FLORIDA

CASE NO. _____

Plaintiff(s)/Counter Defendants(s)

Vs.

Defendant(s)/Counter Plaintiff(s)

STATEMENT OF COUNTER CLAIM

Defendant(s)/Counter Plaintiff(s) sue(s) the Plaintiff(s)/Counter Defendant(s) for damages which do not exceed \$5000.00, exclusive of costs, interest, and attorney's fee for (as check (x) below):

- Goods, wares and merchandise sold by Plaintiff(s) to Defendant(s):
- Work done and materials furnished by Plaintiff(s) to Defendant(s):
- Money loaned by Plaintiff(s) to Defendant(s):
- On a written instrument, copy of which is attached hereto:
- (Rent) (Security Deposit) for certain premises in Franklin County, Florida, located at:

-
- Other (explain)
 - Any additional facts in connection with any of the above:
(Use additional sheets if necessary)

WHEREFORE, Defendant(s)/Counter Plaintiff(s) demand judgment in the sum of \$_____, together with costs, interest, and attorneys fees.

STATE OF FLORIDA :
COUNTY OF FRANKLIN : ss.

Defendant(s)/Counter Plaintiff(s) _____
States that the foregoing is a just and true statement of the amount owing by Plaintiff(s)/Counter Defendant(s) to Defendant(s)/Counter 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.

I certify that I have mailed/hand-delivered to Plaintiff/Counter Defendant a copy of this counter claim this date.

Attorney for Plaintiff(s)

Defendant(s) or Agent/Counter Plaintiff(s)

Address:

Title

Sworn to and subscribed before me this

Telephone No:

_____ day of _____, 200_.

SPN No.

Deputy Clerk or Notary Public
State of Florida
My Commission expires: