

**IN THE COUNTY COURT IN AND FOR FRANKLIN COUNTY, FLORIDA
SMALL CLAIMS DIVISION/LANDLORD-TENANT**

CASE

NO. _____

Plaintiff(s)

Address

City, State, Zip

Area Code and Telephone Number

vs.

Defendant(s)

Address

City, State, Zip

Area Code and Telephone Number

**STATEMENT OF CLAIM-LANDLORD/TENANT-SECURITY DEPOSIT
REFUND**

Plaintiff claims these amounts	\$ _____	Principal
to be due from the Defendant	\$ _____	Interest
	\$ _____	Court Costs
	\$ _____	Total

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 alleges:

1. On or about _____, 20____, Plaintiff(s) leased _____
(an apartment/residence)
located at _____, Franklin 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 provisions relevant to these proceedings.)

OR

_____ (a copy of the written lease is attached)

3. Plaintiff(s) vacated the premises on or about _____, 20____.

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 amount stated above.

Plaintiff(s)

Office Held: _____
Corporate Plaintiff (Indicate office held or
Name of Officer authorizing you to repre-
sent the corporation)

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

MARCIA M. JOHNSON, CLERK OF COURT

By: _____
As Deputy Clerk