

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

CASE NO. _____

Plaintiff(s)/Counter Defendant(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 \$5,000.00, 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:

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

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 setoffs 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

Telephone No.

SPN No.

SWORN TO AND SUBSCRIBED before me this _____ day of _____,
_____.

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