

IN THE COUNTY COURT IN AND FOR _____ COUNTY, FLORIDA

Case Number _____

Plaintiff/Landlord

vs.

Defendant(s)/Tenant(s)

EVICTION SUMMONS/RESIDENTIAL

To _____

(Name and address where Tenant can be served)

PLEASE READ CAREFULLY

You are being sued by the above named landlord to require you to move out of the place where you are living for the reasons given in the attached complaint.

You are entitled to a trial to decide whether you can be required to move, but you MUST do ALL of the things listed below. You must do them within 5 days (not including Saturday, Sunday or any legal holiday observed by the Clerk of the Court) after the date these papers were given to you or to a person who lives with you or were posted at your home.

THE THINGS YOU MUST DO ARE AS FOLLOWS:

1. Write down the reason(s) why you think you should not be forced to move. The written reason(s) must be given to the clerk of the court at _____ County, located at _____, FL. _____
2. Mail or give a copy of your written reason(s) to Landlord/Landlord's attorney whose name and address is: _____
3. Pay to the clerk of the court the amount of rent that the attached complaint claims to be due and any rent that becomes due until the lawsuit is over. If you believe that the amount claimed in the complaint is incorrect, you should file with the clerk of the court a motion to have the court determine the amount to be paid. If you file a motion, you must attach to the motion any documents supporting your position and mail or give a copy of the motion to the landlord/landlords attorney.
4. If you file a motion to have the court determine the amount of rent to be paid to the clerk of the court, you must immediately contact the office of the judge to whom the case is assigned to schedule a hearing to decide what amount should be paid to the clerk of the court while the lawsuit is pending.

CAUTION: Any payment to the court clerk must be tendered in cash, cashier's check or money order and must be accompanied by payment of the clerk's service charge of 2% of the first \$500 and 1% of the balance over \$500. Payment should be made payable to Clerk of Court.

IF YOU DO NOT DO ALL OF THESE THINGS SPECIFIED ABOVE WITHIN 5 WORKING DAYS AFTER THE DATE THAT THESE PAPERS WERE GIVEN TO YOU OR TO A PERSON WHO LIVES WITH YOU OR WERE POSTED AT YOUR HOME, YOU MAY BE EVICTED WITHOUT A HEARING OR FURTHER NOTICE.

THE STATE OF FLORIDA:

To Each Sheriff of the State: You are commanded to serve this summons and a copy of the complaint in this lawsuit on the above named defendant.

DATED _____
Clerk of the Court

By: _____
Deputy Clerk

Notice: If you are a person with a disability who needs any accommodation in order to participate in this proceeding, you are entitled, at no cost to you, to the provision of certain assistance. Please contact the _____ County Jury Office, _____, Florida. If you are hearing or voice impaired, call 1-800-955-8771.

This form was completed with the assistance of:

Name: _____

Address: _____

Telephone number: _____

