## IN THE COUNTY COURT, IN AND FOR ST LUCIE COUNTY, FLORIDA

|                |   | CASE NO.  |  |  |
|----------------|---|---|--|--|
|                |   | [insert case number assigned by Clerk]  |  |  |
| [insert name   | of Landlord/owner]  | <del></del>   |  |  |
|                | Plaintiff,  |   |  |  |
| Vs.            |   | AFFIDAVIT OF DAMAGES  |  |  |
| [insert name   | of Tenant]  | <del></del>   |  |  |
|                | Defendant.  | *This form <b>MUST</b> be mailed to the tenant on the same day that it is filed or it will not be considered.   |  |  |
|                | F FLORIDA )<br>OF ST. LUCIE )   | same day that it is filed of it will not be considered.   |  |  |
| В              | EFORE ME, the undersigned   | l authority, personally appeared[name   |  |  |
| who being      | first duly sworn, states as fol   | lows:   |  |  |
| 1.<br>2.<br>3. | authorized to make this affi<br>The affidavit is based on r                       | the Plaintiff's agent (check appropriate response) in this case and amcidavit.  ny own personal knowledge.  of the property which is the subject of this eviction under an agreement to pay |  |  |
| 5.             | _   | al amount] per[week, month or payment period].  |  |  |
| 4.             |   | e rent due since [date of payment Tenant has failed to  |  |  |
|                | make].  |   |  |  |
| 5.             | . Defendant owes Plaintiff  | \$[past due rent amount] as alleged in the  |  |  |
|                | Complaint plus interest. Subtract last month's rent from deposit in the amount of |   |  |  |
|                | [amount of last month's rent that has been retained from deposit].                |   |  |  |
| 6.             |   | [amount of other damages] as alleged in the Complaint.  |  |  |
|                | Subtract security deposit in the amount of [amount of security deposit that has   |   |  |  |
|                | been retained]. Alleged damages are listed below: [itemize amounts due and attach |   |  |  |
|                | documentation/receipts paid for repairs]  |   |  |  |
|                |   |   |  |  |
|                |   |   |  |  |
|                |   |   |  |  |
|                |   |   |  |  |
|                | Signature:  |   |  |  |
|                |   | Drinted name:   |  |  |

| Sworn and subscribed before me on  | [date], by      | [name],           |
|--|-----------------|-------------------|
| who is personally known to me produced   |                 | [document]        |
| as identification and who took an oath.  |                 |                   |
|  |                 |                   |
|  | NOTARY PUBLIC   | -STATE OF FLORIDA |
|  | Or DEPUTY CLER  |                   |
|  | Name:           |                   |
|  | Commission No   | _                 |
|  | My Commission E | Expires:          |
| attached affidavit to the Defendant at  [insert address, fax number, or email address at |                 |                   |
|  | Signature:      |                   |
|  | Printed name:   |                   |
|  | Address:        |                   |
|  |                 | <u>.</u>          |
|  | Fax number:     |                   |
|  | Email address:  |                   |