

Miami PSPI, LLC, any of its employees, and the Clerk's office cannot assist you in preparing eviction forms. The forms enclosed are to be used for an eviction for non-payment of rent only. If you are filing any other type of eviction, you must contact an attorney as Miami PSPI, LLC and/or the Clerk's Office does not have any other forms for any eviction except for non-payment of rent. If you do not understand or have any questions regarding the Forms attached, you must consult an attorney. Miami PSPI, LLS and/or the Clerk's Office cannot assist or help in preparing these forms.

EVICTIION PROCESS (4 STEPS TO WRIT OF POSSESSION)

STEP ONE:

Serving or posting your THREE DAY NOTICE.

The **THREE DAY NOTICE** is enclosed.

The **THREE DAY NOTICE** must be served or posted prior to filing and serving your eviction action. The **THREE DAY NOTICE** can either be served of the Defendants per Florida Statute 48.031 or it may be posted.

Serve/post your **THREE DAY NOTICE**. You can do this yourself or we can serve it for you for the service rates listed below. Wait three days after service/posting and if the Defendant's have not moved out after the third day, you may proceed to "Step Two."

STEP TWO:

Three days have elapsed and you wish to file your Eviction Action. To file the Eviction Action, you must provide the Clerk's office with the following completed documents, which you must have prepared in advance with the correct number of copies (see below).

WHAT TO BRING TO THE CLERK'S OFFICE	COPIES FOR 1 DEFENDANT	COPIESFOR EACH OTHER DEFENDANT
THREE-DAY NOTICE	1	1 Extra copy.
Pick One: <ul style="list-style-type: none"> • COMPLAINT FOR REMOVAL OF TENANT (FAILURE TO PAY RENT) OR <ul style="list-style-type: none"> •COMPLAINT FOR LANDLORD TO EVICT TENANTS FOR FAILURE TO COMPLY WITH LEASE (OTHER THAN FAILURE TO PAY RENT) 	1 Original plus 3 Copies. <ul style="list-style-type: none"> • One copy is served on the Defendant. • One copy is mailed to the Defendant by the Clerk's Office. • One copy is for your records. 	1 Extra copy
SUMMONS Include a copy of the Summons in Creol and Spanish along with the Summons in English.	1 Original plus 3 Copies. <ul style="list-style-type: none"> • One copy is served on the Defendant. • One copy is mailed to the Defendant by the Clerk's Office. One copy is for your records.	
A Stamped Envelope addressed to the Defendant with enough postage for one copy of all the forms.	1	1
\$185.00 Filing Fee (Check, Cash, Credit Card).		

File the action nearest to the eviction location. Below are the Miami-Dade County Clerk's Offices

Miami-Dade County Courthouse 73 West Flagler Street, Room 133 Miami, FL 33130	Joseph Caleb Center 5400 NW 22 Avenue, Room 205 Miami, FL 33142	North Dade Justice Center 15555 Biscayne Boulevard, Room 100 North Miami, FL 33160
Miami Beach District Court 1130 Washington Avenue, Room, 224 Miami Beach, FL 33139	Coral Gables District Court 3100 Ponce de Leon Boulevard, Room 100 Coral Gables, FL 33134	South Dade Justice Center 10710 SW 211 Street, Room 1200 Miami, FL 33189

STEP THREE:

SERVING THE PROCESS ON THE DEFENDANTS

Now that you have filed your case, the Defendants must be served. You can use the Sheriff's office to serve the process but we **STRONGLY** recommend you use our office to serve the Defendants. If you use us, you will have 24/7 access to our system, you will receive real-time status of your case, and we offer more personal service to you than the Sheriff's Office. **Call us to serve your process; 305-285-4321.** The following are our rates:

SERVICE	RATE	DAYS TO SERVE
ROUTINE	\$45.00	3-5 but we usually serve next day.
RUSH	\$85.00	Served by the next business day.
SAME-DAY	\$110.00	Same-Day.

STEP FOUR:

AFTER THE DEFENDANTS HAVE BEEN SERVED with the initial process:

After you file your case and five days after the Defendant is served, you may have to file another set of forms if the Defendant does not file an ANSWER or has not move out. The forms needed are included in the packet and they are the following:

FORMS TO BRONG TO CLERK'S OFFICE	NUMBER OF COPIES
LANDLORD AND TENANT AFFIDAVIT OF COST, NON-PAYMENT OF RENT AND NON-MILITARY AFFIDAVIT	1 (Add 1 extra copy if you want a stamped copy for your records.)
MOTION FOR DEFAULT AND DEFAULT AFFIDAVIT (MUST BE NOTARIEZED).	1 (Add 1 extra copy if you want a stamped copy for your records.)
FINAL JUDGMENT FOR REMOVAL OF TENANT	3
WRIT OF POSSESSION	3
Stamped envelope addressed to you.	
Stamped envelope addressed to Defendant(s).	
\$95.00 check or money order payable to Miami-Dade County Clerk of Court. This is the fee for the Sheriff to serve the Writ Of Possession. The check must be from a Miami-Dade County banking institution and must have the name and address pre-printed from the bank.	

From this point the Sheriff's Office can provide you with information concerning the service of the Writ of Possession. Good luck with your case moving forward.

NOTICE TO USERS OF THESE FORMS

If there is any doubt in your mind concerning these forms, the use of the forms, or your legal rights, it is strongly recommended that the service of an attorney be obtained. If you do not know an attorney, you should contact the Lawyer Referral Service listed in the Yellow Pages of the telephone book. If you are financially unable to afford these services of an attorney, you should contact the Legal Aid Office in your area.

Because of the changing nature of the law, the forms and information about them may become outdated. Regardless of whether you discuss your case with a lawyer, you should research original sources of authority (statutes and Rules of Civil Procedure referenced in the instructions) to update and ensure accuracy of the forms.

In no event will Miami PSPI, LLC, the Florida Bar, and/or the Clerk of Courts or any one or any entity contributing to the production of these forms be liable for any direct, indirect, or consequential damages resulting from the use of these forms.

NOTICE FROM LANDLORD TO TENANT
TERMINATION FOR FAILURE TO PAY RENT

DATE: _____

Tenant's Name

Address:

Dear _____:
Tenant's Name

You are hereby notified that you are indebted to me in the sum of
\$ _____ for the rent and use of the premises
(Insert amount owed by tenant)

_____, Florida, now
(insert address of leased premises, including county)

Occupied by you and that I demand payment of the rent or possession of the premises
within three days (excluding Saturday, Sunday and legal holidays) from the date of
delivery of this notice to-wit: on or before the ____ day of _____, 200__

(insert the date which is three days from the delivery of this notice, excluding the date of
delivery Saturday, Sunday and legal holidays).

(Landlord's Name)

Address:

Note: This notice may be delivered by mail or by delivering a copy to the property. This notice must be delivered, and the three day time period must run, before starting suit to evict the tenant or to recover past due rent.

Source: Section 83.56(3), Florida Statutes (1990)

"Approval for use under rule 10-1.1(b) of the rules regulating the Florida Bar

IN THE COUNTY COURT IN AND FOR DADE COUNTY, FLORIDA.

DIVISION <input type="checkbox"/> CIVIL	RESIDENTIAL EVICTION SUMMONS	CASE NUMBER
PLAINTIFF(S)	VS. DEFENDANT(S)	SERVICE
TO DEFENDANT(S)	ADDRESS	
PLEASE READ CAREFULLY You are being sued by _____ to require you to move out of the place where you are living for the reason(s) given in the attached complaint.		

You are entitled to a trial to determine whether you can be required to move, but you **MUST** do ALL of the things listed below. You must do them within FIVE (5) days (not including Saturday, Sunday, or any legal holiday) 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 reasons why you think you should not be forced to move.

The written reason(s) must be given to the clerk of the court at the court location ☒ checked below:

DADE COUNTY COURT LOCATIONS

- | | | |
|--|--|---|
| <input type="checkbox"/> Dade County Courthouse (05)
Room 133
73 West Flagler Street
Miami, Florida 33130 | <input type="checkbox"/> Joseph Caleb Center (20)
Room 205
5400 NW 22 Avenue
Miami, Florida 33142 | <input type="checkbox"/> North Dade Justice Center (23)
Room 100
15555 Biscayne Blvd.
North Miami Beach, Florida 33160 |
| <input type="checkbox"/> Miami Beach District Court (24)
Room 224
1130 Washington Avenue
Miami Beach, Florida 33139 | <input type="checkbox"/> Coral Gables District Court (25)
Room 100
3100 Ponce De Leon Blvd.
Coral Gables, Florida 33134 | <input type="checkbox"/> South Dade Justice Center (26)
Room 1200
10710 SW 211 Street
Miami, Florida 33189 |

(2) Mail or give a copy of your written reason(s) to:

Plaintiff/Plaintiff's Attorney _____
 Address _____

(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 plaintiff/plaintiff's 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.

IF YOU DO NOT DO ALL OF THE 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.

(5) If the attached complaint also contains a claim for money damages (such as unpaid rent), you must respond to that claim separately. You must write down the reasons why you believe that you do not owe the money claimed. The written reasons must be given to the clerk of the court at the address specified in paragraph (1) above, and you must mail or give a copy of your written reasons to the plaintiff/plaintiff's attorney at the address specified in paragraph (2) above. This must be done within 20 days after the date these papers were given to you or to a person who lives with you or were posted at your home. This obligation is separate from the requirement of answering the claim for eviction within 5 working days after these papers were given to you or to a person who lives with you or were posted at your home.

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(s). DATED ON _____, 19____.

COPY OF THE COMPLAINT AND SUMMONS WAS MAILED ON _____ BY : _____	HARVEY RUVIN Clerk Of The County Court BY : _____ AS DEPUTY CLERK	COURT SEAL
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AMERICANS WITH DISABILITIES ACT OF 1990

If you are a person with a disability who needs any accomodation to participate in this proceeding, you are entitled, at no cost to you, to the provision of certain assistance. Please contact the Dade County Court's ADA Coordinator at 73 West Flagler Street, Room 1600, Miami, Florida, 33130, Telephone Numbers (305) 375-2006 for Voice, (305) 375-2007 for TDD and (305) 350-6205 for Fax, within two (2) working days of your receipt of this document. TDD users may also call 1-800-955-8771, for the Florida Relay Service.

CLOCK IN

AU TRIBUNAL DE JUDGEMENT ET POUR LE DEPARTMENT DE DADE, FLORIDE			
DIVISION <input type="checkbox"/> CIVILE <input type="checkbox"/> AUTRE	CITATION D'EVICITION RESIDENTIELLE		NUMERO DE CAS
PLAIGNANT(S)		CONTRE ACCUSE(S)	HEURE
A (AUX) ACCUSE(S)		ADRESSE	

Vous êtes poursuivi par _____ pour exiger que vous évacuez les lieux de votre résidence pour la(s) raison(s) énumérée(s) dans la plainte ci-jointe.

SI VOUS ETES UNE PERSONNE INFIRME AYANT BESOIN DE LOGEMENT DANS CE PROCES, VOUS AVEZ LE DROIT QU'ON VOUS OFFRE UNE CERTAINE AIDE GRATUITE. S'IL VOUS PLAÎT, CONTACTEZ LE COORDINATEUR ADA POUR LES TRIBUNAU EN DADE AU 73 WEST FLAGLER STREET, ROOM 1600, MIAMI, FLORIDA 33130, NUMEROS DE TELEPHONE (305) 375-2006, LE (305) 375-2007, LE (305) 350-6205 POUR ENVOYER UN FAX, PENDANT DEUX (2) JOURS DE TRAVAIL SUIVANT VOTRE RECU DE CE DOCUMENT, LES PERSONNES AYANT DES PROBLEMES D'ECOUTE PEUVENT AUSSI TELEPHONER AU 1-800-955-8771 POUR LE SERVICE DE RELAIS DE LA FLORIDE.

EN EL TRIBUNAL DEL CONDADO EN Y PARA EL CONDADO DADE, FLORIDA

DIVISION

☐ CIVIL
☐ OTRA

NOTIFICACION DE DESALOJO RESIDENCIAL

NUMERO DE CASO

DEMANDANTE(S)

VS. DEMANDADO(S)

HORA

SIRVASE LEER CON CUIDADO

Usted esta siendo demandado por _____ para exigirle que desaloje el lugar donde reside por los motivos que se expresan en la demanda adjunta.

Usted tiene derecho a un juicio para determinar si se le puede exigir que se mude, pero ES NECESARIO que haga TODO lo que se le pide a continuación en un plazo de 5 días (no incluidos los sábados, domingos, ni días feriados) a partir de la fecha en que estos documentos se le entregaron a usted o a una persona que viva con usted, o se fijados en su casa.

USTED DEBERA HACER LO SIGUIENTE:

(1) Escribir el (los) motivo(s) por el (los) cual(es) cree que no se le debe obligar a mudarse. El (Los) motivo(s) debera(n) entregarse por escrito al secretario del tribunal en el Edificio de los Tribunales de Condado en:

LOCALIDAD DE LOS TRIBUNALES DEL CONDADO DE DADE

☐ Dade County Courthouse (05)
Room 133
73 West Flagler Street
Miami, Florida 33130

☐ Joseph Caleb Center (20)
Room 205
5400 NW 22 Avenue
Miami, Florida 33142

☐ North Dade Justice Center (23)
Room 100
15555 Biscayne Blvd.
North Miami Beach, Florida 33160

☐ Miami Beach District Court (24)
Room 224
1130 Washington Avenue
Miami Beach, Florida 33139

☐ Coral Gables District Court (25)
Room 100
3100 Ponce De Leon Blvd.
Coral Gables, Florida 33134

☐ South Dade Justice Center (26)
Room 1200
10710 SW 211 Street
Miami, Florida 33189

(2) Enviar por correo o darle una copia de su(s) razón(es) por escrito a:

Demandante/Abogado del Demandante _____
Dirección _____

(3) Pagarle al secretario del tribunal el monto del alquiler que la demanda adjunta reclama como adeudado, así como cualquier alquiler pagadero hasta que concluya el litigio. Si usted considera que el monto reclamado en la demanda es incorrecto, deberá presentarle al secretario del tribunal una moción para que el tribunal determine el monto que deba pagarse. Si usted presenta una moción, deberá adjuntarle a ésta cualesquiera documentos que respalden su posición, y enviar por correo o entregar una copia de la misma al demandante/abogado del demandante.

(4) Si usted presenta una moción para que el tribunal determine el monto del alquiler que deba pagarse al secretario del tribunal, deberá comunicarse de inmediato con la oficina del juez al que se le haya asignado el caso para que programe una audiencia con el fin de determinar el monto que deba pagarse al secretario del tribunal mientras el litigio esté pendiente.

SI USTED NO LLEVA A CABO LAS ACCIONES QUE SE ESPECIFICAN ANTERIORMENTE EN UN PLAZO DE 5 DIAS LABORABLES A PARTIR DE LA FECHA EN QUE ESTOS DOCUMENTOS SE LE ENTREGARON A USTED O A UNA PERSONA QUE VIVA CON USTED, O SE FIJEN EN SU CASA, SE LE PODRA DESALOJAR SIN NECESIDAD DE CELEBRAR UNA AUDIENCIA NI CURSARSELE OTRO AVISO

(5) Si la demanda adjunta tambien incluye una reclamación por daños y perjuicios pecunarios (tales como el incumplimiento de pago del alquiler), usted deberá responder a dicha reclamación por separado. Deberá exponer por escrito los motivos por los cuales considera que usted no debe la suma reclamada, y entregarlos al secretario del tribunal en la dirección que se especifica en el párrafo (1) anterior, así como enviar por correo o entregar una copia de los mismos al demandante/abogado del demandante en la dirección que se especifica en el párrafo (2) anterior. Esto deberá llevarse a cabo en un plazo de 20 días a partir de la fecha en que estos documentos se le entregaron a usted o a una persona que viva con usted, o se fijan en su casa. Esta obligación es aparte del requisito de responder a la demanda de desalojo en un plazo de 5 días a partir de la fecha en que estos documentos se le entregaron a usted o a una persona que viva con usted, o se fijan en su casa.

EL ESTADO DE LA FLORIDA: A cada alguacil del Estado: Se le ordena que hagan entrega de esta notificación y una copia de la demanda en este pleito al demandado(s) mencionado arriba. CON FECHA DE _____, 19 ____.

COPIA DE LA DEMANDA Y NOTIFICACION FUE

ENVIADA POR CORREO EL _____

POR: _____

HARVEY RUVIN
Secretario del Tribunal del Condado

Por: _____
Como secretario diputado

**SELLO
DEL
TRIBUNAL**

LEY DE AMERICANOS CON INCAPACIDADES DE 1990

SI USTED ES UNA PERSONA CON UNA INCAPACIDAD QUE NECESITA ACOMODO ESPECIAL PARA PARTICIPAR EN ESTE PROCESO, USTED TIENE DERECHO, SIN COSTO ALGUNO PARA USTED, A QUE SE LE PROVEA CIERTA ASISTENCIA. POR FAVOR COMUNIQUESE CON EL COORDINADOR ADA DEL TRIBUNAL DEL CONDADO DE DADE EN EL 73 WEST FLAGLER STREET, OFICINA 1600, MIAMI, FLORIDA 33134, NUMEROS DE TELEFONO (305) 375-2006 PARA VOZ, (305) 375-2007 PARA TDD Y (305) 358-4285 POR FAX, DENTRO DE (3) DIAS HABILES DEL RECIBO DE ESTE DOCUMENTO. LOS QUE USAN TDD TAMBIEN PUEDEN LLAMAR AL 1-800-955-8771, PARA EL SERVICIO DE RETRANSMISION DE LA FLORIDA.

NAN TRIBINAL E POU TRIBINAL NAN DADE COUNTY, FLORIDA

DIVIZYON

☐ SIVIL
☐ LOT

MANDA POU METE LOKATE DEYO

NIMEWO KA

PLENTIF

KONT AKIZE

LE

AKIZE

ADRES

SILVOUPLE LI SA A BYEN

Ap fè ou pwosè pou soti nan kay kote ou abite a pou rezon sa yo ki nan plente lan.

Ou gen dwa mande pou yo fè yon jijman ki pou detèmine si yo ka oubyen si yo pa ka egzije soti nan kay la, men ou OBLIJE fè tout sa ki ekri nan lis anba a. Depi yo te fin ba oumenm oubyen nenpòt moun ki abite avèk ou paye sa yo, oubyen depi yo te afiche papye sa yo lakay ou, yo apba w senk (5) jou pou fè tout sa, (samedi dimanch, nenpòt jou konje pa konte).

MEN KISA OU DWE FE

(1) Ekri rezon ki fè w panse yo pa dwe fèse w soti nan kay la. Ou fèt pou prezante rezon sa yo alekri nan biwo sekrete tribinal la nan adrès ☐ tribinal ki parèt anba a:

ADRES TRIBINAL NAN DADE COUNTY

☐ **Dade County Courthouse (05)**
Room 133
73 West Flagler Street
Miami, Florida 33130

☐ **Joseph Caleb Center (20)**
Room 205
5400 NW 22 Avenue
Miami, Florida 33142

☐ **North Dade Justice Center (23)**
Room 100
15555 Blacayne Blvd.
North Miami Beach, Florida 33160

☐ **Miami Beach District Court (24)**
Room 224
1130 Washington Avenue
Miami Beach, Florida 33139

☐ **Coral Gables District Court (25)**
Room 100
3100 Ponce De Leon Blvd.
Coral Gables, Florida 33134

☐ **South Dade Justice Center (26)**
Room 1200
10710 SW 211 Street
Miami, Florida 33189

(2) Poste oubyen remèt yon kopi rezon sa yo ba:

Plenti/avoka plentif la _____

Andrés _____

(3) Peye nan biwo sekrete tribinal la lajan lwaye ki nan plent lan, peye nenpòt lajan lwaye ki bout jiskaske pwosè jiskaske pwosè a fini. Si ou kwè lajan yo mande nan plent lan pa kòrèk, ou ta dwe prezante yon demann nan biwo sekrete tribinal la pou jij la ka detèmine konbyen ou gen pou peye. Si ou prezante demann nan, ou fèt pou met lajan l nenpòt dokiman ki nanfèse pozisyon ou. Poste oubyen remèt plentif la oubyen avoka plentif la yon kopi demann nan.

(4) Si ou ranpli yon demann pou jij la detèmine kantite ou gen pou peye nan biwo sekrete jeneral tribinal la, ou fèt pou kontakte sekrete jij ki ap resevwa ka a imedyaman pou pran randevoli pou yon reyans kote y ap detèmine konbyen kòb ou gen peye pou nan biwo sekrete jeneral tribinal la pandan ke ou ap tann pwosè a.

ASI NAN SENK (5) JOU OU PA FE TOUT SA YO EKRI SPESIFIKMAN ANWO A, APRE YO TE FIN BA OUMENM OUBYEN YON MOUN KI ABITE ANSAMN AVEK OU PAPYE YO, OUBYEN APRE YO TE FIN AFICHE PAPYE YO LAKAY OU YO KA METE OU DEYO SAN PINOSE E SAN LOT NOTIFIKASYON.

(5) Si nan plent lan yo mansyone lajan pou domaj tankou lajan lwaye ki bout e ki poko peye, ou fèt pou adrese demann sa a separeman. Ou fèt pou ekri rezon ki fè w kwè ou pa dwe lajan y ap reklame a. Se nan adrès tribinal ki parèt nan paragraf an (1) ke ou fèt pou poste oubyen ou fèt pou remèt plentif la oubyen avoka plentif la yon kopi ki gen rezon ou ekri yo, adrès plentif la (yo) oubyen adrès avoka plentif la parèt nan paragraf de (2). Ou gen von (20) jou apre dat yo te fin ba oumenm oubyen yon moun ki abite ansanm avèk ou papye yo oubyen apke yo te fin afiche papye sa yo lakay ou. Obligasyon sa a pa menm ak règlenan ki te egzije ke ou reponn manda pou yo mete ou deyò nan kay la nan senk (5) jou apre yo te fin ba oumenm oubyen yon moun ki abite ansanm avèk ou papye yo, oubyen apre yo te fin afiche papye yo lakay ou.

ETA FLORIDA: Pou Chak Cherif nan eta a yo odone ou pou bay akize a (yo), non l ekri anwo a, manda sa a ak yon kopi plent yo pote nan pwosè sa a.
DATE LE _____, 19 _____.

TE POSTE YON KOPI PLENT LAN AK MANDA LE _____

HARVEY RUVIN

Sekrete Jeneral Tribinal La

SO

TRIBUNAL LA

SEKRETE

KOD 1990 POU AMERIKEN KI DOMAJE

SI OU SE YON MOUN KI DOMAJE E OU BEZWE ED POU PATISIPE LAN DEMACH SA A, OU GEN DWA JWENN KIK ED SAN KE OU PA OBLIJE ANYEN. SILVOUPLE KONTAKTE DADE COUNTY COURT COORDINATOR NAN 73 WEST FLAGLER STREET, CHANM 1600 MIAMI FLORIDA 33130 TELEFON (305) 375-2006 (VWA), 305- 375-2007 (SOU), 305- 390-6205 (FAX) OU GEN DE (2) JOU DEPI KB YO TE FIN RESEVWA DOKIMAN SA A POU KONTAKTE BIWO DADE COUNTY COURTS ADA COORDINATOR A MOUN KI AP SEVI AK MACHIN PASKE YO SOUD, YOMENM TOU YO KA RELE 1-800-955-8771 SE REVIS POU KOMINIKASYON NAN FLORIDA.

IN THE COUNTY COURT, IN AND FOR
MIAMI-DADE COUNTY, FLORIDA

CASE NO.:

(insert name of landlord)

Plaintiff,

-VS-

(insert name of tenants/defendant[s])

**COMPLAINT FOR LANDLORD TO EVICT TENANTS FOR FAILURE TO
COMPLY WITH LEASE (OTHER THAN FAILURE TO PAY RENT)**

Plaintiff, _____, sues Defendant, _____
_____, and alleges:

1. This is an action to evict a tenant from real property in Miami-Dade County,
Florida.

2. Plaintiff owns the following described real property in said County: _____
_____.

3. Defendant has possession of the property under a (oral/written) agreement to pay
rent of \$_____, payable _____. A
(terms of agreement, weekly, monthly, etc.)
copy of the written agreement, if any, is attached as Exhibit "A".

4. Plaintiff served Defendant with a notice on _____,
giving written notice to the Defendant that the Defendant was in violation of the rent
agreement. A copy of said notice, setting forth the violation of the rental agreement, is
attached hereto as Exhibit "B".

5. Defendant has failed to correct or discontinue the conduct set forth in the above-
mentioned notice.

WHEREFORE, Plaintiff demands judgment for possession of the property against
Defendant.

Signature

Name, Address, and Telephone number of landlord:

IN THE COUNTY COURT, IN AND FOR
MIAMI-DADE COUNTY, FLORIDA

CASE NO.:

(insert name of landlord)

Plaintiff,

-VS-

(insert name of tenants/defendant[s])

COMPLAINT EVICTION

Plaintiff, _____, sues Defendant, _____
_____, and alleges:

1. This is an action to evict a tenant from real property in Miami-Dade County, Florida.

2. Plaintiff owns the following described real property in said County: _____
_____.

3. Defendant has possession of the property under a (oral/written) agreement to pay rent of \$ _____, payable _____. A
(terms of agreement, weekly, monthly, etc.)

copy of the written agreement, if any, is attached as Exhibit "A".

4. Defendant has failed to pay rent due _____.
(insert date of payment Tenant has failed to make)

5. Plaintiff served Defendant with a notice on _____ to pay the rent or deliver possession but Defendant refuses to do either. A copy of the notice is attached as Exhibit "B".

WHEREFORE, Plaintiff demands judgment for possession of the property against
Defendant,

Signature

Name, Address, and Telephone number of
landlord/property manager (Circle one).

☐ IN THE CIRCUIT COURT OF THE ELEVENTH JUDICIAL CIRCUIT IN AND FOR DADE COUNTY, FLORIDA.
☐ IN THE COUNTY COURT IN AND FOR DADE COUNTY, FLORIDA.

DIVISION

☐ CIVIL
☐ FAMILY
☐ OTHER

LANDLORD AND TENANT
AFFIDAVIT OF COSTS, NON-PAYMENT OF RENT AND
NON MILITARY AFFIDAVIT
MOTION FOR DEFAULT AND DEFAULT

CASE NUMBER

PLAINTIFF(S)

VS. DEFENDANT(S)

CLOCK IN

AFFIDAVIT

BEFORE ME, the undersigned authority, personally appeared _____ who after being dully sworn, deposes and says:

1. That she/he is the plaintiff/authorized agent for the plaintiff herein. That no moneys have been accepted from or on behalf of the defendant(s) herein since the delivery, mailing or posting of the three day notice.
2. That the defendant(s) above named, (is) (are) not in the Military Service of the United States or any of its allies.
3. That the statements contained in the complaint for removal of tenant are correct and true.
4. Plaintiff incurred in the following costs in this action:

Filing fee \$ _____

Service of process fee \$ _____

Total \$ _____

Sworn to and subscribed before me on _____, 20____ in _____ County, Florida.

Notary/Deputy Clerk _____ Affiant: _____

Personally Know _____ or Produced I.D. _____ Type & No. _____

MOTION FOR DEFAULT

Plaintiff(s) move(s) for entry of a default by the clerk against defendant(s) _____ for failure to serve any paper on the undersigned or file any paper as required by law.

I do hereby certify that no copy of answer or other pleading of the Defendant(s) in the above styled cause has been served upon the Plaintiff(s) or his/her Attorney, to the time of filing the above Motion for Default.

PLAINTIFF OR ATTORNEY

SIGNATURE

DATE

DEFAULT

A Default is entered in this action against the Defendant(s) named in the foregoing Motion for failure to serve or file any paper as required by law.

HARVEY RUVIN
CLERK OF COURTS

BY: _____
DEPUTY CLERK

DATE

- ☐ IN THE CIRCUIT COURT OF THE ELEVENTH JUDICIAL CIRCUIT IN AND FOR DADE COUNTY, FLORIDA.
☐ IN THE COUNTY COURT IN AND FOR DADE COUNTY, FLORIDA.

DIVISION

- ☐ CIVIL
☐ OTHER

**FINAL JUDGMENT FOR
REMOVAL OF TENANT**

CASE NUMBER

PLAINTIFF(S)

VS. DEFENDANT(S)

CLOCK IN

This action was heard before the Court on Plaintiff's Complaint for Removal of Tenant(s). On the evidence presented

IT IS ADJUDGED

1. That a final judgment be entered in favor of the Plaintiff(s) _____

and against the Defendant(s) _____

_____ for possession of the premises located at and
known as _____

_____, Dade County, Florida, for which let Writ of Possession issue.

2. That Plaintiff(s) recover from said Defendant(s) costs herein taxed in the sum of \$ _____

for which let execution issue.

ORDERED in Dade County, Florida, this _____ day of _____, 19____.

JUDGE

- ☐ IN THE CIRCUIT COURT OF THE ELEVENTH JUDICIAL CIRCUIT IN AND FOR DADE COUNTY, FLORIDA.
☐ IN THE COUNTY COURT IN AND FOR DADE COUNTY, FLORIDA.

DIVISION

- ☐ CIVIL
☐ FAMILY
☐ OTHER

WRIT OF POSSESSION

CASE NUMBER

PLAINTIFF(S)

VS. DEFENDANT(S)

CLOCK IN

TO THE SHERIFFS OF THE STATE:

YOU ARE COMMANDED to remove all persons from the following described property in Dade County, Florida:

and to put the Plaintiff(s) in possession of it, after twenty-four (24) hours notice conspicuously posted on the premises.

HARVEY RUVIN
CLERK OF COURTS

BY: _____

DEPUTY CLERK

DATE

Filed By

Address

Telephone No.