

IN THE COUNTY COURT, EIGHTH JUDICIAL CIRCUIT
IN AND FOR ALACHUA COUNTY, FLORIDA

Case No.: 01-_____

PLAINTIFF

Address

City, State Zip

Phone

-vs-

DEFENDANT

Address

City, State Zip

Phone

PROOF OF CLAIM AFFIDAVIT

I, the undersigned, being first duly sworn according to law, do hereby declare and affirm:

1. That I am (a) _____ the Plaintiff or (b) _____ an employee or agent of the Plaintiff;
2. That I have personal knowledge of the facts stated below;
3. That there are sums due and owing to the Plaintiff from the Defendant as follows:

PRINCIPAL: \$ _____

INTEREST \$ _____

COURT COSTS \$ _____

ATTORNEY'S FEES \$ _____

ADDITIONAL COSTS \$ _____

TOTAL \$ _____

Plaintiff/Plaintiff's employee or agent

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ day of _____, 20____.

Notary Public or Deputy Clerk