IN THE

COURT, EIGHTEENTH JUDICIAL CIRCUIT, BREVARD COUNTY, FLORIDA

DIVISION: CIVIL

CASE NUMBER: 05- - - - - - - - - - XXXX-XX

PLAINTIFF

DEFENDANT

CIVIL COVER SHEET

AMOUNT OF CLAIM

Please indicate the estimated amount of the claim, rounded to the nearest dollar.

TYPE OF CASE (If the case fits more than one type of case, select the most definitive category.) If the most descriptive label is a subcategory (is indented under a broader category), place an X on both the main category and subcategory boxes.

CIRCUIT CIVIL

Condominium Contracts and indebtedness Eminent domain Auto negligence Negligence – other Business governance **Business torts** Environmental/Toxic tort Third party indemnification Construction defect Mass tort Negligent security Nursing home negligence Premises liability - commercial Premises liability – residential Products liability Real property/Mortgage foreclosure Commercial foreclosure Homestead residential foreclosure Non-homestead residential foreclosure Other real property actions Law 122 / Rev. 01-01-2020

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-XXXX-XX

Professional malpractice Malpractice – business Malpractice – medical Malpractice – other professional

Other

Antitrust/Trade regulations Business transactions Constitutional challenge – statute or ordinance Constitutional challenge – proposed amendment Corporate trusts Discrimination – employment or other Insurance claims Intellectual property Libel/Slander Shareholder derivative action Securities litigation Trade secrets Trust litigation

COUNTY CIVIL

Civil Replevins Evictions Other civil (non-monetary)

REMEDIES SOUGHT

Monetary; Nonmonetary declaratory or injunctive relief; Punitive

NUMBER OF CAUSES OF ACTION []

(Specify)

IS THIS CASE A CLASS ACTION LAWSUIT?

Yes

No

HAS NOTICE OF ANY KNOWN RELATED CASE BEEN FILED?

No

Yes - If "Yes", list all related cases by name, case number, and court.

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IS JURY TRIAL DEMANDED IN COMPLAINT?

Yes No

I CERTIFY that the information I have provided in this cover sheet is accurate to the best of my knowledge and belief, and that I have read and will comply with the requirements of Florida Rule of Judicial Administration 2.425.

Signature _		Fla. Bar #		
C	Attorney or party		(Bar # if attorney)	

(type or print name)

Date