IN THE CIRCUIT COURT OF THE EIGHTEENTH JUDICIAL CIRCUIT OF FLORIDA, IN AND FOR BREVARD COUNTY, FLORIDA

	05	XXXX-XX
	Division:	
Plaintiff		
VS.		
Defendant(s),		
OWNER'S MORTGAGE FORE	CLAIM FOR CLOSURE SURP	<u>LUS</u>
Under penalty of perjury, I (we) hereby certify the	at:	
1. I was (we were) the owner of the following d Florida, prior to the foreclosure sale and as of the		•
(Legal description of real property)		
2. I (we) do not owe any money on any mortga other than the one that was paid off by the forec	• • •	at was foreclosed
3. I (we) do not owe any money that is the subcondominium lien, cooperative lien, or homeowr		gment, tax warrant,
4. I am (we are) not currently in bankruptcy.		
5. I (we) have not sold or assigned my (our) rig	jht to the mortgage si	urplus.
6. My (our) new address is:		·
7. If there is more than one owner entitled to the should be paid jointly, or to:	•	•

- 8. I (WE) UNDERSTAND THAT I (WE) AM (ARE) NOT REQUIRED TO HAVE A LAWYER OR ANY OTHER REPRESENTATION AND I (WE) DO NOT HAVE TO ASSIGN MY (OUR) RIGHTS TO ANYONE ELSE IN ORDER TO CLAIM ANY MONEY TO WHICH I (WE) MAY BE ENTITLED.
- 9. I (WE) UNDERSTAND THAT THIS STATEMENT IS GIVEN UNDER OATH, AND IF ANY STATEMENTS ARE UNTRUE THAT I (WE) MAY BE PROSECUTED CRIMINALLY FOR PERJURY.

Print Name:	Print Name:
Phone Number:	
STATE OF COUNTY OF Sworn to (or affirmed) and subscribed before	e me this day of
20 , by	
(name of person(s) making s	statement)
(Signature of Notary Public - State of Florida	 i)
(Print, Type, or Stamp Commissioned Name	of Notary Public)
om and subscribed to before me this day of	
tary Public/Deputy Clerk sonally Known OR Produced Identification _	

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

CERTIFICATE OF SERVICE

	I HEREBY CERTIF	\mathbf{Y} that on the $_$	day of _		, 20,	
I the for	I HEREBY CERTIF hand-delivered regoing to the following	mailed parties:	e-mailed	faxed	couriered	
		1				
			S	Signature		

REQUEST FOR ACCOMMODATIONS BY PERSONS WITH

DISABILITIES: 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 ADA Coordinator at Brevard Court Administration at The Moore Justice Center, 2825 Judge Jamieson Way, 3rd Floor, Viera, FL 32940-8006, (321) 633-2171 ext. 2, at least 7 days before your scheduled court appearance, or immediately upon receiving this notification if the time before the scheduled appearance is less than 7 days; if you are hearing or voice impaired, call 711.

Law 1338 / Rev. 11-07-2022

IN THE COURT, EIGHTEENTH JUDICIAL CIRCUIT, IN AND FOR BREVARD COUNTY, FLORIDA

DIVISION:	CASE NUMBER	k : 05 -		-XXXX-XX
PLAINTIFF/PETITIONER- (name & a		CLOCK	'N	
DEFENDANT/RESPONDENT – (name				
ORDER ON MOTIO	N TO DISBURS	SE SURPLU	JS FUNDS	
This cause having come before the Defendant, it is hereby ordered and adjudent		lotion to Dis	sburse Surplu	s Funds to
1. The Motion to Disburse Surplus Fund	ls to the Defenda	ant is hereby	GRANTED/	DENIED.
2. The Clerk is hereby directed to disbut less any Clerk's fees to the defendant,	rse the surplus fu	ands in the a	mount of \$,
3				
DONE AND ORDERED this d Florida.	ay of	, 20	0, in Bre	vard County,
		Judge	•	

IN THE COURT, EIGHTEENTH JUDICIAL CIRCUIT, BREVARD COUNTY, FLORIDA

DIVISION:	CASE NUMBER: 05XXXX-XX
PLAINTIFF/PETITIONER	
DEFENDANT/RESPONDENT	
	NOTICE OF HEARING
HEARING INFORMATION: DATE: TIME: RE: TO:	JUDGE: LOCATION:
YOU ARE HEREBY NOTIFIED indicated above.	that a hearing will be held at the date, time, and location
), Florida Family Law Rules of Procedure, BOTH PARTIES he scheduled hearing. (Simplified Dissolution of Marriage
Signature	Date
Address	
City/State/Zip	
Telephone Number	
Email	

NOTICE OF HEARING	CASE NUMBER: 05-	_	_	-XXXX-XX
1() () ()	CASE NUMBER. US-	-	_	

CERTIFICATE OF SERVICE

	I HEREBY CERTIF	Y that on the _	day of _		, 20 <u>_</u> ,	
I	I HEREBY CERTIF hand-delivered		e-mailed	faxed	couriered	
the for	regoing to the following	parties:				
			_			
			S	ignature		

REQUEST FOR ACCOMMODATIONS BY PERSONS WITH

DISABILITIES: 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 ADA Coordinator at Brevard Court Administration at The Moore Justice Center, 2825 Judge Jamieson Way, 3rd Floor, Viera, FL 32940-8006, (321) 633-2171 ext. 2, at least 7 days before your scheduled court appearance, or immediately upon receiving this notification if the time before the scheduled appearance is less than 7 days; if you are hearing or voice impaired, call 711.