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

CASE NUMBER: 05-

PLAINTIFF(S)	CLOCK IN
DEFENDANT(S)	

SUMMONS FOR UNLAWFUL DETAINER (5 Day Summons: Claim for Possession of Premises)

TO: {Defendant(s)}
Name(s):
Address(es):
City, State, Zip:
Phone number(s):

PLEASE READ CAREFULLY

You are being sued by {Plaintiff(s)}	
to require you	to move out of the property located at
	for the reasons given in

the attached complaint.

DIVISION: CIVIL

You are entitled to a trial to decide whether you can be required to move, but you must do BOTH of the things listed below. You must do them within 5 DAYS (not including Saturday, Sunday or legal holidays) after the date these papers were given to you or to a person who lives with you (excluding the Plaintiff(s)) or were posted at your home.

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THE THINGS YOU MUST DO TO CHALLENGE THE UNLAWFUL DETAINER COMPLAINT ARE AS FOLLOWS:

1. Write down the reason(s) why you think you should not be forced to move. The written reason(s) must be given (mailed or hand-delivered) to the Clerk of Court at one of the following locations:

MAILING ADDRESS

CLERK OF COURT P.O. BOX 219, TITUSVILLE, FL 32781-0219

PHYSICAL ADDRESSES

MOORE JUSTICE CENTER, 2825 JUDGE FRAN JAMIESON WAY, MELBOURNE, FL 32940; Telephone: (321) 637-5413, Fax: (321) 617-7311

TITUSVILLE – 400 SOUTH STREET, 2ND FLOOR, TITUSVILLE, FL 32780 Telephone: (321) 637-5413, Fax: (321) 264-7702

MELBOURNE – 51 S. NIEMAN AVENUE, MELBOURNE, FL 32901 Telephone: (321) 637-5413, Fax: (321) 637-6549

MERRITT ISLAND – 2575 N. COURTENAY PKWY, MERRITT ISLAND, FL 32953 Telephone: (321) 637-5413, Fax: (321) 637-6525

PALM BAY – 450 COGAN DRIVE S.E., PALM BAY, FL 32909 Telephone: (321) 637-5413, Fax: (321) 637-6526

2. Mail or deliver a copy of your written reason(s) to: {name(s) of Plaintiff(s) and address(es)}

IF YOU DO NOT DO THESE TWO THINGS WITHIN 5 DAYS (NOT INCLUDING SATURDAYS, SUNDAYS, AND LEGAL HOLIDAYS FOR YOUR COURTHOUSE), A JUDGMENT TO REMOVE YOU FROM THE PREMISES MAY BE ENTERED WITHOUT A HEARING OR FURTHER NOTICE.

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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 the _____ day of ______, 20____.

Rachel M. Sadoff, Clerk of the Circuit and County Court BREVARD COUNTY, Florida

 $\{SEAL\}$

BY _____ Deputy Clerk

CERTIFICATE OF MAILING

I HEREBY CERTIFY that a copy of the SUMMONS and COMPLAINT in this cause was sent by first class mail to the premises involved in the proceeding to the Defendant(s) as required by section 82.05(2), Florida Statutes.

WITNESS my hand and Official Seal on the _____ day of _____, 20___, in Brevard County, Florida.

BY _____ Deputy Clerk: