

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

DIVISION: CIVIL

CASE NUMBER: 05- - CC - - -

PLAINTIFF(S)

DEFENDANT(S)

**EVICTION SUMMONS - RESIDENTIAL
5 DAY SUMMONS**

TO: _____

_____ [insert name, address, and phone number of tenant].

PLEASE READ CAREFULLY

You are being sued by _____ [insert landlord's name] to require you to move out of the property located at _____ for the reasons given in the attached complaint.

You are entitled to a trial to decide whether you can be required to move, but you **MUST** do **ALL** of the things listed below. You must do them within 5 days (not including Saturdays, Sundays, or legal holidays) 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 TO CHALLENGE THE EVICTION ARE AS FOLLOWS:

1. Write down the reason(s) why you think you should not be forced to move. (You may use Florida Supreme Court Form 1.947(b), Answer—Residential Eviction, to do this.) The written reason(s) must be given to the clerk of the court at one of the following locations:

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

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

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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 take a copy of your written reason(s) to:

Plaintiff	Address
	City, State, Zip

3. Pay the clerk of court the rent that is due. You MUST pay the clerk of the court the rent each time it becomes due until the lawsuit is over. Whether you win or lose the lawsuit, the judge may release this rent to the landlord. [By statute, public housing tenants or tenants receiving rent subsidies must be required to pay only that portion of the full rent for which the tenant is responsible under the federal, state, or local program in which they are participating.]
4. If you and the landlord do not agree on the amount of rent owed, you must file a written request (motion) that asks the judge to decide how much money you must pay to the clerk of the court. The written request must be filed with your answer to the eviction complaint. A copy of your motion must also be mailed or hand delivered to the plaintiff(s) attorney, or if the plaintiff(s) has no attorney, to the plaintiff.

IF YOU DO NOT DO ALL OF THESE THINGS WITHIN 5 DAYS (NOT INCLUDING SATURDAYS, SUNDAYS, AND LEGAL HOLIDAYS FOR YOUR COURTHOUSE) YOU MAY BE EVICTED WITHOUT A HEARING OR FURTHER NOTICE.

You may want to call a lawyer right away. If you do not know a lawyer, you can contact the Lawyer Referral Service on The Florida Bar’s website. If you cannot afford a lawyer, you may be eligible for free legal aid. You can locate legal aid programs by searching for “legal aid” on The Florida Bar’s website.

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 Fran Jamieson Way, 3rd Floor, Viera, FL 32940-8006, (321) 633-2171 ext. 3, 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.

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.

DATED on the _____ day of _____, 20__.

Clerk of the Court

By _____
Deputy Clerk:

Clerk's Address: P. O. Box 219
Titusville, FL 32781-0219
Telephone No.: (321) 637-5413

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 this proceeding to the Defendant(s) as required by Sec. 48.183 F.S.

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

BY _____
Deputy Clerk: