

EVICTION

MIAMI PSPI, LLC, ANY OF ITS EMPLOYEES, AND THE CLERK'S OFFICE CANNOT ASSIST YOU IN FILING AN EVICTION. THE FORMS ENCLOSED ARE TO BE USED FOR AN EVICTION FOR NON-PAYMENT OF RENT ONLY. IF YOU ARE FILING ANY OTHER TYPE OF EVICTION, YOU MUST CONTACT AN ATTORNEY AS MIAMI PSPI, LLC AND/OR THE CLERK'S OFFICE DOES NOT HAVE ANY OTHER FORMS FOR ANY EVICTION EXCEPT NON-PAYMENT OF RENT. IF YOU DO NOT UNDERSTAND OR HAVE ANY QUESTIONS REGARDING THE FORMS ATTACHED YOU MUST CONSULT AN ATTORNEY. MIAMI PSPI, LLC AND/OR THE CLERK'S OFFICE CANNOT ASSIST OF HELP YOU IN PREPARING THESE FORMS.

TO FILE THE EVICTION ACTION, YOU MUST PROVIDE THE CLERK'S OFFICE WITH THE FOLLOWING DOCUMENTS, WHICH YOU MUST HAVE PREPARED IN ADVANCE WITH THE CORRECT NUMBER OF COPIES.

IF YOU HAVE TWO OR MORE DEFENDANTS, THE NUMBER OF COPIES YOU WILL NEED IS DIFFERENT THAN THE AMOUNTS LISTED BELOW. PLEASE INQUIRE IF YOU HAVE QUESTIONS AS TO THE AMOUNT OF COPIES NEEDED.

FORMS	NUMBER OF COPIES
THREE DAY NOTICE (ENCLOSED IS ONE ORIGINAL)	3 COPIES
COMPLAINT FOR REMOVAL OF TENANT (ENCLOSED IS ONE ORIGINAL)	1 ORIGINAL AND 2 COPIES
FIVE-DAY SUMMONS (ENCLOSED IS ONE ORIGINAL)	1 ORIGINAL AND 2 COPIES
A STAMPED ENVELOPE ADDRESSED TO THE DEFENDANT WITH ENOUGH POSTAGE FOR ONE COPY OF ALL THE DOCUMENTS.	1
\$140.00 FILING FEE (CASH, CHECK, VISA/MASTERCARD)	1
\$35.00 SERVICE ATTEMPT IN 3 TO 5 DAYS (OR) \$70.00 SERVICE ATTEMPT IN 2 DAYS (OR) \$105.00 SAME DAY SERVICE; *CHECK OR MONEY ORDER PAYABLE TO "MIAMI PSPI, LLC" *PLEASE VISIT THE "PROCESS SERVER" PAGE OF THIS WEBSITE FOR A FULL PRICING LIST: www.MiamiPSPI.com	1

IF YOUR COMPLAINT FOR REMOVAL OF TENANT IS NOT NOTARIZED AND YOU WOULD LIKE US TO NOTARIZE IT, THE SERVICE FEE WILL BE AN ADDITIONAL \$10.00.

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APPROXIMATELY TEN DAYS LATER YOU MAY HAVE TO FILE ANOTHER SET OF FORMS IF THE DEFENDANT DOES NOT ANSWER OR MOVE OUT. THE FORMS NEEDED ARE INCLUDED IN THE PACKAGE AND THEY ARE THE FOLLOWING:

FORMS	NUMBER OF COPIES
LANDLORD AND TENANT AFFIDAVIT OF COST, NON-PAYMENT OF RENT AND NON MILITARY AFFIDAVIT	1
MOTION FOR DEFAULT AND DEFAULT AFFIDAVIT (MUST BE NOTARIZED. WE CHARGE \$10.00 FOR THIS SERVICE)	1
FINAL JUDGMENT FOR REMOVAL OF TENANT	3
WRIT OF POSSESSION	3

YOU MUST ALSO SUBMIT TWO STAMPED ENVELOPES, ONE ADDRESSED TO THE PLAINTIFF (YOU), AND ONE TO THE DEFENDANT(S). YOU MUST ALSO SUBMIT **TO THE CLERK OF COURT (NOT MIAMI PSPI, LLC)** A CHECK OR MONEY ORDER PAYABLE TO THE "MIAMI-DADE COUNTY SHERIFF" FOR \$95.00 TO SERVE THE WRIT OF POSSESSION. THIS CHECK MUST BE FROM A MIAMI-DADE COUNTY BANKING INSTITUTION AND MUST HAVE THE NAME AND ADDRESS PRE-PRINTED FROM THE BANK.

NOTICE

IF THERE IS ANY DOUBT IN YOUR MIND CONCERNING THESE FORMS, THE USE OF THE FORMS, OR YOUR LEGAL RIGHTS, IT IS STRONGLY RECOMMENDED THAT THE SERVICE OF AN ATTORNEY BE OBTAINED. IF YOU DO NOT KNOW AN ATTORNEY, YOU SHOULD CONTACT THE LAWYER REFERRAL SERVICE LISTED IN THE YELLOW PAGES OF THE TELEPHONE BOOK. IF YOU ARE FINANCIALLY UNABLE TO AFFORD THESE SERVICES OF AN ATTORNEY, YOU SHOULD CONTACT THE LEGAL AID OFFICE IN YOUR AREA.

BECAUSE OF THE CHANGING NATURE OF THE LAW, THE FORMS AND INFORMATION ABOUT THEM MAY BECOME OUTDATED. REGARDLESS OF WHETHER YOU DISCUSS YOUR CASE WITH A LAWYER, YOU SHOULD RESEARCH ORIGINAL SOURCES OF AUTHORITY (STATUTES AND RULES OF CIVIL PROCEDURE REFERENCED IN THE INSTRUCTIONS) TO UPDATE AND ENSURE ACCURACY OF THE FORMS.

IN NO EVENT WILL MIAMI PSPI, LLC, THE FLORIDA BAR, AND/OR THE CLERK OF COURT OR ANY ONE OR ANY ENTITY CONTRIBUTING TO THE PRODUCTION OF THESE FORMS BE LIABLE FOR ANY DIRECT, INDIRECT, OR CONSEQUENTIAL DAMAGES RESULTING FROM THE USE OF THESE FORMS.

NOTICE FROM LANDLORD TO TENANT
TERMINATION FOR FAILURE TO PAY RENT

DATE: _____

Tenant's Name

Address:

Dear _____:
Tenant's Name

You are hereby notified that you are indebted to me in the sum of
\$ _____ for the rent and use of the premises
(insert amount owed by tenant)

_____, Florida, now
(insert address of leased premises, including county)

Occupied by you and that I demand payment of the rent or possession of the premises
within three days (excluding Saturday, Sunday and legal holidays) from the date of
delivery of this notice to-wit: on or before the ____ day of _____, 200__
(insert the date which is three days from the delivery of this notice, excluding the date of
delivery Saturday, Sunday and legal holidays).

(Landlord's Name)

Address:

Note: This notice may be delivered by mail or by delivering a copy to the property. This
notice must be delivered, and the three day time period must run, before starting suit to
evict the tenant or to recover past due rent.

Source: Section 83.56(3), Florida Statutes (1990)

"Approval for use under rule 10-1.1(b) of the rules regulating the Florida Bar

IN THE COUNTY COURT, IN AND FOR
MIAMI-DADE COUNTY, FLORIDA

CASE NO.:

(insert name of landlord)

Plaintiff,

-vs-

(insert name of tenants/defendant[s])

**COMPLAINT FOR LANDLORD TO EVICT TENANTS FOR FAILURE TO
COMPLY WITH LEASE (OTHER THAN FAILURE TO PAY RENT)**

Plaintiff, _____, sues Defendant, _____

_____, and alleges:

1. This is an action to evict a tenant from real property in Miami-Dade County, Florida.

2. Plaintiff owns the following described real property in said County: _____

3. Defendant has possession of the property under a (oral/written) agreement to pay rent of \$ _____, payable _____ . A
(terms of agreement, weekly, monthly, etc.)

copy of the written agreement, if any, is attached as Exhibit "A".

4. Plaintiff served Defendant with a notice on _____, giving written notice to the Defendant that the Defendant was in violation of the rent agreement. A copy of said notice, setting forth the violation of the rental agreement, is attached hereto as Exhibit "B".

5. Defendant has failed to correct or discontinue the conduct set forth in the above-mentioned notice.

WHEREFORE, Plaintiff demands judgment for possession of the property against Defendant.

Name, Address, and Telephone number of landlord:

IN THE COUNTY COURT, IN AND FOR
MIAMI-DADE COUNTY, FLORIDA

CASE NO.:

(insert name of landlord)

Plaintiff,

-vs-

(insert name of tenants/defendant[s])

COMPLAINT EVICTION

Plaintiff, _____, sues Defendant, _____
_____, and alleges:

1. This is an action to evict a tenant from real property in Miami-Dade County, Florida.

2. Plaintiff owns the following described real property in said County: _____
_____.

3. Defendant has possession of the property under a (oral/written) agreement to pay rent of \$ _____, payable _____ . A
(terms of agreement, weekly, monthly, etc.)
copy of the written agreement, if any, is attached as Exhibit "A".

4. Defendant has failed to pay rent due _____.
(insert date of payment Tenant has failed to make)

5. Plaintiff served Defendant with a notice on _____ to pay the rent or deliver possession but Defendant refuses to do either. A copy of the notice is attached as Exhibit "B".

WHEREFORE, Plaintiff demands judgment for possession of the property against Defendant.

Signature

Name, Address, and Telephone number of
landlord/property manager (Circle one).

<input type="checkbox"/> IN THE CIRCUIT COURT OF THE ELEVENTH JUDICIAL CIRCUIT IN AND FOR DADE COUNTY, FLORIDA. <input type="checkbox"/> IN THE COUNTY COURT IN AND FOR DADE COUNTY, FLORIDA.								
DIVISION <input type="checkbox"/> CIVIL <input type="checkbox"/> FAMILY <input type="checkbox"/> OTHER	LANDLORD AND TENANT AFFIDAVIT OF COSTS, NON-PAYMENT OF RENT AND NON MILITARY AFFIDAVIT MOTION FOR DEFAULT AND DEFAULT	CASE NUMBER						
PLAINTIFF(S)	VS. DEFENDANT(S)	CLOCK IN						
AFFIDAVIT BEFORE ME, the undersigned authority, personally appeared _____ who after being dully sworn, deposes and says: <ol style="list-style-type: none"> 1. That she/he is the plaintiff/authorized agent for the plaintiff herein. That no moneys have been accepted from or on behalf of the defendant(s) herein since the delivery, mailing or posting of the three day notice. 2. That the defendant(s) above named, (is) (are) not in the Military Service of the United States or any of its allies. 3. That the statements contained in the complaint for removal of tenant are correct and true. 4. Plaintiff incurred in the following costs in this action: <table style="margin-left: 40px; border: none;"> <tr> <td style="padding-right: 20px;">Filing fee</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Service of process fee</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Total</td> <td style="text-align: right;">\$ _____</td> </tr> </table> Sworn to and subscribed before me on _____, 20____ in _____ County, Florida. Notary/Deputy Clerk _____ Affiant: _____ Personally Know _____ or Produced I.D. _____ Type & No. _____			Filing fee	\$ _____	Service of process fee	\$ _____	Total	\$ _____
Filing fee	\$ _____							
Service of process fee	\$ _____							
Total	\$ _____							
MOTION FOR DEFAULT Plaintiff(s) move(s) for entry of a default by the clerk against defendant(s) _____ for failure to serve any paper on the undersigned or file any paper as required by law. I do hereby certify that no copy of answer or other pleading of the Defendant(s) in the above styled cause has been served upon the Plaintiff(s) or his/her Attorney, to the time of filing the above Motion for Default.								
PLAINTIFF OR ATTORNEY	SIGNATURE	DATE						
DEFAULT A Default is entered in this action against the Defendant(s) named in the foregoing Motion for failure to serve or file any paper as required by law.								
HARVEY RUVIN CLERK OF COURTS	BY: _____ DEPUTY CLERK	DATE						

- IN THE CIRCUIT COURT OF THE ELEVENTH JUDICIAL CIRCUIT IN AND FOR DADE COUNTY, FLORIDA.
- IN THE COUNTY COURT IN AND FOR DADE COUNTY, FLORIDA.

DIVISION <input type="checkbox"/> CIVIL <input type="checkbox"/> OTHER	FINAL JUDGMENT FOR REMOVAL OF TENANT		CASE NUMBER
PLAINTIFF(S)	VS. DEFENDANT(S)	CLOCK IN	

This action was heard before the Court on Plaintiff's Complaint for Removal of Tenant(s). On the evidence presented
IT IS ADJUDGED

1. That a final judgment be entered in favor of the Plaintiff(s) _____

and against the Defendant(s) _____
 _____ for possession of the premises located at and
 known as _____
 _____, Dade County, Florida, for which let Writ of Possession issue.

2. That Plaintiff(s) recover from said Defendant(s) costs herein taxed in the sum of \$ _____
 for which let execution issue.

ORDERED in Dade County, Florida, this _____ day of _____, 19____.

JUDGE

- IN THE CIRCUIT COURT OF THE ELEVENTH JUDICIAL CIRCUIT IN AND FOR DADE COUNTY, FLORIDA.
- IN THE COUNTY COURT IN AND FOR DADE COUNTY, FLORIDA.

DIVISION <input type="checkbox"/> CIVIL <input type="checkbox"/> FAMILY <input type="checkbox"/> OTHER	WRIT OF POSSESSION	CASE NUMBER
PLAINTIFF(S) <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>	VS. DEFENDANT(S) <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>	CLOCK IN

TO THE SHERIFFS OF THE STATE:

YOU ARE COMMANDED to remove all persons from the following described property in Dade County, Florida:

and to put the Plaintiff(s) in possession of it, after twenty-four (24) hours notice conspicuously posted on the premises.

HARVEY RUVIN CLERK OF COURTS	BY: _____ <div style="text-align: center;">DEPUTY CLERK</div>	DATE
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Filed By	Address	Telephone No.
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IN THE COUNTY COURT IN AND FOR DADE COUNTY, FLORIDA.

DIVISION <input type="checkbox"/> CIVIL	RESIDENTIAL EVICTION SUMMONS	CASE NUMBER
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PLAINTIFF(S)	VS. DEFENDANT(S)	SERVICE
TO DEFENDANT(S)	ADDRESS	

PLEASE READ CAREFULLY

You are being sued by _____
to require you to move out of the place where you are living for the reason(s) given in the attached complaint.

You are entitled to a trial to determine whether you can be required to move, but you **MUST** do ALL of the things listed below. You must do them within **FIVE (5) days** (not including Saturday, Sunday, or any legal holiday) 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 ARE AS FOLLOWS:

(1) Write down the reasons why you think you should not be forced to move.
The written reason(s) must be given to the clerk of the court at the court location checked below:

DADE COUNTY COURT LOCATIONS

- | | | |
|--|--|---|
| <input type="checkbox"/> Dade County Courthouse (05)
Room 133
73 West Flagler Street
Miami, Florida 33130 | <input type="checkbox"/> Joseph Caleb Center (20)
Room 205
5400 NW 22 Avenue
Miami, Florida 33142 | <input type="checkbox"/> North Dade Justice Center (23)
Room 100
15555 Biscayne Blvd.
North Miami Beach, Florida 33160 |
| <input type="checkbox"/> Miami Beach District Court (24)
Room 224
1130 Washington Avenue
Miami Beach, Florida 33139 | <input type="checkbox"/> Coral Gables District Court (25)
Room 100
3100 Ponce De Leon Blvd.
Coral Gables, Florida 33134 | <input type="checkbox"/> South Dade Justice Center (26)
Room 1200
10710 SW 211 Street
Miami, Florida 33189 |

(2) Mail or give a copy of your written reason(s) to:
Plaintiff/Plaintiff's Attorney _____
Address _____

(3) Pay to the clerk of the court the amount of rent that the attached complaint claims to be due and any rent that becomes due until the lawsuit is over. If you believe that the amount claimed in the complaint is incorrect, you should file with the clerk of the court a motion to have the court determine the amount to be paid. If you file a motion, you must attach to the motion any documents supporting your position and mail or give a copy of the motion to the plaintiff/plaintiff's attorney.

(4) If you file a motion to have the court determine the amount of rent to be paid to the clerk of the court, you must immediately contact the office of the judge to whom the case is assigned to schedule a hearing to decide what amount should be paid to the clerk of the court while the lawsuit is pending.

IF YOU DO NOT DO ALL OF THE THINGS SPECIFIED ABOVE WITHIN 5 WORKING DAYS AFTER THE DATE THAT THESE PAPERS WERE GIVEN TO YOU OR TO A PERSON WHO LIVES WITH YOU OR WERE POSTED AT YOUR HOME, YOU MAY BE EVICTED WITHOUT A HEARING OR FURTHER NOTICE.

(5) If the attached complaint also contains a claim for money damages (such as unpaid rent), you must respond to that claim separately. You must write down the reasons why you believe that you do not owe the money claimed. The written reasons must be given to the clerk of the court at the address specified in paragraph (1) above, and you must mail or give a copy of your written reasons to the plaintiff/plaintiff's attorney at the address specified in paragraph (2) above. This must be done within 20 days after the date these papers were given to you or to a person who lives with you or were posted at your home. This obligation is separate from the requirement of answering the claim for eviction within 5 working days after these papers were given to you or to a person who lives with you or were posted at your home.

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 _____, 19_____.

CLOCK IN

<p align="center">COPY OF THE COMPLAINT AND SUMMONS WAS</p> <p>MAILED ON _____</p> <p>BY : _____</p>	<p align="center">HARVEY RUVIN Clerk Of The County Court</p> <p align="center">BY : _____</p> <p align="center">AS DEPUTY CLERK</p>	<p>COURT SEAL</p>
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AMERICANS WITH DISABILITIES ACT OF 1990

If you are a person with a disability who needs any accommodation to participate in this proceeding, you are entitled, at no cost to you, to the provision of certain assistance. Please contact the Dade County Court's ADA Coordinator at 73 West Flagler Street, Room 1600, Miami, Florida, 33130, Telephone Numbers (305) 375-2006 for Voice, (305) 375-2007 for TDD and (305) 350-6205 for Fax, within two (2) working days of your receipt of this document. TDD users may also call 1-800-955-8771, for the Florida Relay Service.

AU TRIBUNAL DE JUDGEMENT ET POUR LE DEPARTMENT DE DADE, FLORIDE

DIVISION <input type="checkbox"/> CIVILE <input type="checkbox"/> AUTRE	CITATION D'EVICITION RESIDENTIELLE	NUMERO DE CAS
PLAIGNANT(S)	CONTRE ACCUSE(S)	HEURE
A (AUX) ACCUSE(S)		ADRESSE

S'IL VOUS PLAIT LISEZ ATTENTIVEMENT

Vous etes poursuivi par _____ pour exiger que vous evacuez les lieux de votre residence pour le(s) la raisons enumeree(s) dans la plainte ci-adjoite.

Vous avez le droit a un proces pour determiner si vous devez demenager. mais vous devez au prealable suivre toutes les instructions enumerees ci-dessous, pendant les 5 jours (non compris le samedi, le dimanche, ou un jour ferie) a partir de la date ou ces documents vous ont ete donnes ou a la personne vivant avec vous, ou ont ete affichees a votre residence.

VOUS DEVEZ FAIRE LES CHOSSES SUIVANTES:

(1) Enumerez par ecrit les raisons pour lesquelles vous pensez ne pas avoir a demenager. Vous devez donner vos raisons par ecrit au greffier du tribunal au tribunal marquez ci-dessous:

ADRESSES DES TRIBUNAUX EN DADE

Dade County Courthouse (05)
Room 133
73 West Flagler Street
Miami, Florida 33130

Joseph Caleb Center (20)
Room 205
5400 NW 22 Avenue
Miami, Florida 33142

North Dade Justice Center (23)
Room 100
15555 Biscayne Blvd.
North Miami Beach, Florida 33160

Miami Beach District Court (24)
Room 224
1130 Washington Avenue
Miami Beach, Florida 33139

Coral Gables District Court (25)
Room 100
3100 Ponce De Leon Blvd.
Coral Gables, Florida 33134

South Dade Justice Center (26)
Room 1200
10710 SW 211 Street
Miami, Florida 33189

(2) Envoyez dans le courrier ou donnez une copie de vos raisons par ecrit a:

Plaignant / Avocat du Plaignant _____
Adresse _____

(3) Payez au greffier du tribunal le montant des loyers dus comme etabli dans la plainte et le montant des loyers dus jusqu' a la fin du proces. Si vous pensez que le montant etabli dans la plainte est incorrect, vous devez presenter au greffier du tribunal une demande en justice pour determiner la somme a payer. Pour cela vous devez attacher a la demande tous les documents soutenant votre position et faire parvenir une copie de la demande au plaignant / avocat du plaignant.

(4) Si vous faites une demande en justice pour determiner la somme a payer au greffier du tribunal, vous devez immediatement prevenir le bureau du juge qui presidera au proces pour fixer la date de l'audience qui decidera quelle somme doit etre payee au greffier du tribunal pendant que le proces est en cours.

SI VOUS NE SUIVEZ PAS CES INSTRUCTIONS DANS LES 5 JOURS QUE SUIVENT LA DATE OU CES DOCUMENTS VOUS ONT ETE REMIS OU A LA PERSONNE HABITANT AVEC VOUS, OU ONT ETE AFFICHES A VOTRE RESIDENCE, VOUS POUVEZ ETRE EXPULSE(S) SANS AUDIENCE AU SANS AVIS PREALABLE.

(5) Si la plainte ci-dessus contient une demande pour dommages pecuniaires, tels des loyers arrieres, vous devez y repondre separement. Vous devez enumerer par ecrit les raisons pour lesquelles vous estimez ne pas devoir le montant demande. Ces raisons ecrites doivent etre donnees au greffier du tribunal a l'adresse specifiee dans le paragraphe (1) et une copie de ces raisons donnee ou envoyee au plaignant / avocat du plaignant a l'adresse specificee dans le paragraphe (2). Cela doit etre fait dans les 20 jours suivant la date ou ces documents vous ont ete presentes ou a la personnel habitant avec vous, ou affichees a votre residence. Cette obligation ne fait pas partie des instructions a suivre en reponse au proces d'eviction dans le 5 jours suivant la date ou ces documents vous ont ete presentes ou a la personne habitant avec vous, ou affichees a votre residence.

L'ETAT DE LA FLORIDE: A chaque sherif de l'etat vous etes oblige de presenter cette citation et une photocopie de la plainte de ce document sur l'accuse (e) ci-deasus. DATE LE _____ 19 _____.

COPIE DE LA PLAINTTE ET CITATION A ETE ENVOYEE DANS LE COURRIER LE _____ PAR: _____	HARVEY RUVIN Greffier du Tribunal SCEAU DU TRIBUNAL PAR: _____ COMME GREFFIER ADJOINT
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AMERICANS INFIRMES LOI DE 1990

SI VOUS ETES UNE PERSONNE INFIRME AYANT BESOIN DE LOGEMENT DANS CE PROCES, VOUS AVEZ LE DROIT QU'ON VOUS OFFRE UNE CERTAINE AIDE GRATUITE. S'IL VOUS PLAIT, CONTACTEZ LE COORDINATEUR ADA POUR LES TRIBUNAU EN DADE AU 73 WEST FLAGLER STREET, ROOM 1600, MIAMI, FLORIDA 33130, NUMEROS DE TELEPHONE (305) 375-2006, LE (305) 375-2007, LE (305) 350-6205 POUR ENVOYER UN FAX, PENDANT DEUX (2) JOURS DE TRAVAIL SUIVANT VOTRE RECU DE CE DOCUMENT, LES PERSONNES AYANT DES PROBLEMES D'ECOUTE PEUVENT AUSSI TELEPHONER AU 1-800-955-8771 POUR LE SERVICE DE RELAIS DE LA FLORIDE.

EN EL TRIBUNAL DEL CONDADO EN Y PARA EL CONDADO DADE, FLORIDA

DIVISION <input type="checkbox"/> CIVIL <input type="checkbox"/> OTRA	NOTIFICACION DE DESALOJO RESIDENCIAL	NUMERO DE CASO
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DEMANDANTE(S)	VS. DEMANDADO(S)	HORA
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SIRVASE LEER CON CUIDADO

Usted esta siendo demandado por _____ para exigirle que desaloje el lugar donde reside por los motivos que se expresan en la demanda adjunta.

Usted tiene derecho a un juicio para determinar si se le puede exigir que se mude, pero **ES NECESARIO** que haga **TODO** lo que se le pide a continuación en un plazo de 5 días (no incluidos los sábados, domingos, ni días feriados) a partir de la fecha en que estos documentos se le entregaron a usted o a una persona que viva con usted, o se fijados en su casa.

USTED DEBERA HACER LO SIGUIENTE:

(1) Escribir el (los) motivo(s) por el (los) cual(es) cree que no se le debe obligar a mudarse. El (Los) motivo(s) debera(n) entregarse por escrito al secretario del tribunal en el Edificio de los Tribunales de Condado en:

LOCALIDAD DE LOS TRIBUNALES DEL CONDADO DE DADE

Dade County Courthouse (05)
Room 133
73 West Flagler Street
Miami, Florida 33130

Joseph Caleb Center (20)
Room 205
5400 NW 22 Avenue
Miami, Florida 33142

North Dade Justice Center (23)
Room 100
15555 Biscayne Blvd.
North Miami Beach, Florida 33160

Miami Beach District Court (24)
Room 224
1130 Washington Avenue
Miami Beach, Florida 33139

Coral Gables District Court (25)
Room 100
3100 Ponce De Leon Blvd.
Coral Gables, Florida 33134

South Dade Justice Center (26)
Room 1200
10710 SW 211 Street
Miami, Florida 33189

(2) Enviar por correo o darle una copia de su(s) razón(es) por escrito a:

Demandante/Abogado del Demandante _____
Dirección _____

(3) Pagarle al secretario del tribunal el monto del alquiler que la demanda adjunta reclama como adeudado, así como cualquier alquiler pagadero hasta que concluya el litigio. Si usted considera que el monto reclamado en la demanda es incorrecto, deberá presentarle al secretario del tribunal una moción para que el tribunal determine el monto que deba pagarse. Si usted presenta una moción, deberá adjuntarle a ésta cualesquiera documentos que respalden su posición, y enviar por correo o entregar una copia de la misma al demandante/abogado del demandante.

(4) Si usted presenta una moción para que el tribunal determine el monto del alquiler que deba pagarse al secretario del tribunal, deberá comunicarse de inmediato con la oficina del juez al que se le haya asignado el caso para que programe una audiencia con el fin de determinar el monto que deba pagarse al secretario del tribunal mientras el litigio esté pendiente.

SI USTED NO LLEVA A CABO LAS ACCIONES QUE SE ESPECIFICAN ANTERIORMENTE EN UN PLAZO DE 5 DIAS LABORABLES A PARTIR DE LA FECHA EN QUE ESTOS DOCUMENTOS SE LE ENTREGARON A USTED O A UNA PERSONA QUE VIVA CON USTED, O SE FIJEN EN SU CASA, SE LE PODRA DESALOJAR SIN NECESIDAD DE CELEBRAR UNA AUDIENCIA NI CURSARSELE OTRO AVISO

(5) Si la demanda adjunta también incluye una reclamación por daños y perjuicios pecunarios (tales como el incumplimiento de pago del alquiler), usted deberá responder a dicha reclamación por separado. Deberá exponer por escrito los motivos por los cuales considera que usted no debe la suma reclamada, y entregarlos al secretario del tribunal en la dirección que se especifica en el párrafo (1) anterior, así como enviar por correo o entregar una copia de los mismos al demandante/abogado del demandante en la dirección que se especifica en el párrafo (2) anterior. Esto deberá llevarse a cabo en un plazo de 20 días a partir de la fecha en que estos documentos se le entregaron a usted o a una persona que viva con usted, o se fijen en su casa. Esta obligación es aparte del requisito de responder a la demanda de desalojo en un plazo de 5 días a partir de la fecha en que estos documentos se le entregaron a usted o a una persona que viva con usted, o se fijen en su casa.

EL ESTADO DE LA FLORIDA: A cada alguacil del Estado: Se le ordena que hagan entrega de esta notificación y una copia de la demanda en este pleito al demandado(s) mencionado arriba. CON FECHA DE _____, 19____.

COPIA DE LA DEMANDA Y NOTIFICACION FUE ENVIADA POR CORREO EL _____ POR: _____	<table style="width:100%;"> <tr> <td style="width:60%;"> HARVEY RUVIN Secretario del Tribunal del Condado </td> <td style="width:40%; text-align: center;"> SELLO DKL TRIBUNAL </td> </tr> <tr> <td> Por: _____ Como secretario diputado </td> <td></td> </tr> </table>	HARVEY RUVIN Secretario del Tribunal del Condado	SELLO DKL TRIBUNAL	Por: _____ Como secretario diputado	
HARVEY RUVIN Secretario del Tribunal del Condado	SELLO DKL TRIBUNAL				
Por: _____ Como secretario diputado					

LEY DE AMERICANOS CON INCAPACIDADES DE 1990

SI USTED ES UNA PERSONA CON UNA INCAPACIDAD QUE NECESITA ACOMODO ESPECIAL PARA PARTICIPAR EN ESTE PROCESO, USTED TIENE DERECHO, SIN COSTO ALGUNO PARA USTED, A QUE SE LE PROVEA CIERTA ASISTENCIA. POR FAVOR COMUNIQUESE CON EL COORDINADOR ADA DEL TRIBUNAL DEL CONDADO DE DADE EN EL 73 WEST FLAGLER STREET, OFICINA 1600, MIAMI, FLORIDA, 33136. NUMEROS DE TELEFONO (305) 375-2006 PARA VOZ, (305) 375-2007 PARA TDD Y (305) 350-6205 POR FAX, DENTRO DE (2) DIAS HABILDES DEL RECIBO DE ESTE DOCUMENTO. LOS QUE USAN TDD TAMBIEN PUEDEN LLAMAR AL 1-800-955-8771, PARA EL SERVICIO DE RETRANSMISION DE LA FLORIDA.

NAN TRIBINAL E POU TRIBINAL NAN DADE COUNTY, FLORIDA

DIVIZYON <input type="checkbox"/> SIVIL <input type="checkbox"/> LOT	MANDA POU METE LOKATE DEYO	NIMEWO KA
PLENTIF	KONT AKIZE	LE
AKIZE	ADRES	

SILVOUPLE LI SA A BYEN

Ap fè ou pwosè pou soti nan kay kote ou abite a pou rezon sa yo ki nan plente lan.

Ou gen dwa mande pou yo fè yon jijman ki pou detèmine si yo ka oubyen si yo pa ka egzije soti nan kay la, men ou OBLIJE fè tout sa ki ekri nan lis anba a. Depi yo te fin ba oumenm oubyen nenpòt moun ki abite avèk ou paye sa yo, oubyen depi yo te afiche papye sa yo lakay ou, yo apba w senk 5 jou pou fè tout sa. (sandi dimanch, nenpòt jou konje pa kortje).

MEN KISA OU DWE FE

(1) Ekri rezon ki fè w panse yo pa dwe fòse w soti nan kay la. Ou fèt pou prezante rezon sa yo alekri nan biwo sekretè tribinal la nan adrès tribinal ki parèt anba a:

ADRES TRIBINAL NAN DADE COUNTY

- | | | |
|--|--|---|
| <input type="checkbox"/> Dade County Courthouse (05)
Room 133
73 West Flagler Street
Miami, Florida 33130 | <input type="checkbox"/> Joseph Caleb Center (20)
Room 205
5400 NW 22 Avenue
Miami, Florida 33142 | <input type="checkbox"/> North Dade Justice Center (23)
Room 100
15555 Biscayne Blvd.
North Miami Beach, Florida 33160 |
| <input type="checkbox"/> Miami Beach District Court (24)
Room 224
1130 Washington Avenue
Miami Beach, Florida 33139 | <input type="checkbox"/> Coral Gables District Court (25)
Room 100
3100 Ponce De Leon Blvd.
Coral Gables, Florida 33134 | <input type="checkbox"/> South Dade Justice Center (26)
Room 1200
10710 SW 211 Street
Miami, Florida 33189 |

(2) Poste oubyen remèt yon kopi rezon sa yo ba:
 Plentif/avoka plentif la _____
 Adrès _____

(3) Peye nan biwo sekretè tribinal la lajan lwaye ki nan plent lan, peye nenpòt lajan lwaye ki bout jiskaske pwosè jiskaske pwosè a fini. Si ou kwè lajan yo mande nan plent lan pa kòrèk, ou ta dwe prezante yon demann nan biwo sekretè tribinal la pou jij la ka detèmine konbyen ou gen pou peye. Si ou prezante demann nan, ou fèt pou met ladan l nenpòt dokiman ki ranfòse pozisyon ou. Poste oubyen remèt plentif la oubyen avoka plentif la yon kopi demann nan.

(4) Si ou ranpli yon demann pou jij la detèmine kantite ou gen pou peye nan biwo sekretè jeneral tribinal la, ou fèt pou kontakte sekretè jij ki ap resevwa ka a imedyatman pou pran randevoli pou yon sèyans kote y ap detèmine konbyen kòb ou gen peye pou nan biwo sekretè jeneral tribinal la pandan ke ou ap tann pwosè a.

ASI NAN SENK (5) JOU OU PA FE TOUT SA YO EKRI SPESIFIKMAN ANWO A, APRE YO TE FIN BA OUMENM OUBYEN YON MOUN KI ABITE ANSAMN AVEK OU PAPYE YO, OUBYEN APRE YO TE FIN AFICHE PAPYE YO LAKAY OU YO KA METE OU DEYO SAN PINOSE E SAN LOT NOTIFIKASYON.

(5) Si nan plent lan yo mansyone lajan pou domaj tankou lajan lwaye ki bout e ki poko peye, ou fèt pou adrese demann sa a separeman. Ou fèt pou ekri rezon ki fè w kwè ou pa dwe lajan y ap reklame a. Se nan adrès tribinal ki parèt nan paragraf an (1) ke ou fèt pou poste oubyen ou fèt pou remèt plentif la oubyen avoka plentif la yon kopi ki gen rezon ou ekri yo, adrès plentif la (yo) oubyen adrès avoka plentif la parèt nan paragraf de (2). Ou gen ven (20) jou apre dat yo te fin ba oumenm oubyen yon moun ki abite ansanm avèk ou papye yo oubyen apke yo te fin afiche papye sa yo lakay ou. Obligasyon sa a pa menm ak règleman ki te egzije ke ou reponn manda pou yo mete ou deyò nan kay la nan senk (5) jou apre yo te fin ba oumenm oubyen yon moun ki abite ansanm avèk ou papye yo, oubyen apre yo te fin afiche papye yo lakay ou.

ETA FLORIDA: Pou Chak Cherif nan eta a yo òdone ou pou bay akize a (yo), non l ekri anwo a, manda sa a ak yon kopi plent yo pote nan pwosè sa a.
 DATE LE _____, 19 ____.

_____ **HARVEY RUVIN**
 Sekrete Jeneral Tribinal La

TE POSTE YON KOPI PLENT LAN AK MANDA LE _____ **SO**
 TRIBINAL LA

_____ **SEKRETE**

KOD 1990 POU AMERIKEN KI DOMAJE
 si OU SE YON MOUN KI DOMAJE E OU BEZWEN ED POU PATISIPE LAN DEMACH SA A, OU GEN DWA JWENN KEK ED SAN KE OU PA OBLIJE ANYEN. SI LVOUPLE KONTAKTE DADE COUNTY COURT COORDINATOR NAN 73 WEST FLAGLER STREET, CHANM 1600 MIAMI FLORIDA 33130 TELEFON (305) 375-2006 (VWA), 305- 375-2007 (SOD), 305- 330-6205 (FAX) OU GEN DE (2) JOU DEPI KE YO TE FIN RESEVWA DOKIMAN SA A POU KONTAKTE BIWO DADE COUNTY COURTS ADA COORDINATOR A MOUN KI AP SEVI AK MACHIN PASKE YO SOD, YOMENM TOU YO KA RELE 1-800-955-8771 SE SEVIS POU KOMINIKASYON NAN FLORIDA.