

**IN THE COUNTY COURT, IN AND FOR**  
**\_\_\_\_\_ COUNTY, FLORIDA**

CASE NO.: \_\_\_\_\_  
(insert case number assigned  
by Clerk of the Court)

\_\_\_\_\_  
(Insert name of Landlord)  
Plaintiff,  
vs.

**AFFIDAVIT OF DAMAGES**

\_\_\_\_\_  
(Insert name of Tenant)  
Defendant.

**STATE OF FLORIDA                    )**  
**COUNTY OF                            )**

BEFORE ME, the undersigned authority, personally appeared \_\_\_\_\_ ,  
[name]  
who being first duly sworn, says:

1. I am \_\_\_ the Plaintiff or \_\_\_ the Plaintiffs agent (check appropriate response) in this case  
and am authorized to make this affidavit.

2. This affidavit is based on my own personal knowledge.

3. Defendant has possession of the property which is the subject of this eviction under an  
agreement to pay rent of \$ \_\_\_\_\_ per \_\_\_\_\_  
[rental amount] [week, month, or other payment period]

4. Defendant has not paid the rent due since \_\_\_\_\_  
[date of payment tenant has failed to make]

5. Defendant owes Plaintiff \$ \_\_\_\_\_ as alleged in the complaint plus interest.  
[past due rent amount]

Approved for use under rule 10-2.1(a) of  
the Rules Regulating The Florida

The Florida Bar 2010

6. Defendant owes Plaintiff \$ \_\_\_\_\_ as alleged in the complaint plus interest  
[amount of other damages]

Signature \_\_\_\_\_  
Printed Name \_\_\_\_\_

Sworn and subscribed before me on \_\_\_\_\_ by \_\_\_\_\_, who  
[date] [name]  
\_\_\_\_\_ is personally known to me/ \_\_\_\_\_ produced \_\_\_\_\_ as identification, and who  
[document]  
\_\_\_\_\_ did/ \_\_\_\_\_ did not take an oath.

\_\_\_\_\_  
NOTARY PUBLIC-STATE OF FLORIDA

Name: \_\_\_\_\_  
Commission No.: \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_

I CERTIFY that I \_\_\_\_\_ mailed, \_\_\_\_\_ telefaxed and mailed, or \_\_\_\_\_ hand delivered a copy of this  
motion and attached affidavit to the Defendant at \_\_\_\_\_

\_\_\_\_\_  
[insert address at which tenant was served and telefax number if sent by telefax]

This form was  
completed with  
the assistance of  
Name:  
Address:  
Telephone Number: