

**COUNTY COURT, PINELLAS COUNTY, FLORIDA  
SMALL CLAIMS DIVISION**

UCN: \_\_\_\_\_

Reference No.: \_\_\_\_\_

\_\_\_\_\_  
Address: \_\_\_\_\_ Plaintiff(s)  
vs.

\_\_\_\_\_  
Address: \_\_\_\_\_ Defendant(s)/Third Party Plaintiff(s)

\_\_\_\_\_  
Address: \_\_\_\_\_ Third Party Defendant(s)

\_\_\_\_\_  
*Party/Parties to be served: (complete if suing a business)*

\_\_\_\_\_  
Address:

**THIRD PARTY COMPLAINT**

Defendant(s)/Third Party Plaintiff(s) sue(s) the Third Party Defendant(s) for damages which do not exceed \$5,000.00 exclusive of costs, interest and attorney's fee for (check one category below):

- Auto Accident**
- Bad Check** - Select one:  insufficient funds  stop payment  other
- Breach of Agreement** - Select one:  oral agreement  written agreement  
Select one:
  - Goods or merchandise – Select one:  sold by Plaintiff  received by Plaintiff
  - Money paid for either goods or services not provided
  - Services including materials – Select one:  rendered by Plaintiff  received by Plaintiff
  - Wages including salary, commission or fees
- Money loaned** - Select one  oral loan  written loan
- Rent/Property Damage** - Select one  oral lease  written lease  
Amount claimed for Rent: \_\_\_\_\_ Amount claimed for Property Damage: \_\_\_\_\_
- Security Deposit claim**
- Other claim** – Please specify: \_\_\_\_\_

Explain below the details (what happened, dates, times, place, etc) of your claim. This section must be completed.

\_\_\_\_\_  
\_\_\_\_\_  
 Attached is a copy of any written document(s) that is the basis of this claim.

WHEREFORE, the Defendant(s)/Third Party Plaintiff(s) demand judgment in the  
principal sum of \$ \_\_\_\_\_  
plus costs in the amount of \$ \_\_\_\_\_  
plus interest in the amount of \$ \_\_\_\_\_  
plus attorney's fee in the amount of \$ \_\_\_\_\_

*Under penalties of perjury, I / We declare that I / We have read the foregoing third party complaint, that the facts stated in it are true, and that Third Party Defendant(s) is/are not in the military service of the United States.*

\_\_\_\_\_  
Signature of Attorney for Defendant(s)/Third Party Plaintiff(s)  
Address: \_\_\_\_\_

\_\_\_\_\_  
Signature of all Defendant(s)/Third Party Plaintiff(s) or Company Representative

\_\_\_\_\_  
Print name of all Defendant(s)/Third Party Plaintiff(s) or Company Representative

\_\_\_\_\_  
SPN No. \_\_\_\_\_  
Telephone No. \_\_\_\_\_

\_\_\_\_\_  
Title (if applicable)

\_\_\_\_\_  
Telephone No. \_\_\_\_\_