

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

UCN: _____

Reference No.: _____

Address: _____ Plaintiff(s)
vs.

Address: _____ Defendant(s)/Cross Claim Plaintiff(s)

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

Address: _____ Defendant(s)/Cross Claim Defendant (s)

Address: _____

STATEMENT OF CROSS CLAIM

Defendant(s)/Cross Claim Plaintiff(s) sue(s) the Defendant(s)/Cross Claim 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)/Cross Claim 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 \$ _____

I / We certify that I / We have mailed/hand-delivered to the Defendant(s)/Cross Claim Defendant (s) a copy of this cross claim this date.

Under penalties of perjury, I / We declare that I / We have read the foregoing statement of cross claim, that the facts stated in it are true, and that Defendant(s)/Cross Claim Defendant (s) is/are not in the military service of the United States.

Signature of Attorney for Defendant(s)/Cross Claim Plaintiff(s)
Address: _____

Signature of all Defendant(s)/Cross Claim Plaintiff(s) or Company Representative

Print name of all Defendant(s)/Cross Claim Plaintiff(s) or Company Representative

Title (if applicable)

SPN No. _____
Telephone No. _____

Telephone No. _____