

COMPLAINT 2 FOR DECLARATORY JUDGMENT
(INFORMATION PAGE)

This packet is to assist in obtaining a title for a vehicle you own (must be valued less than \$50,000), but for which you did not receive a title at the time of purchase.

*****NOTICE*****

Information or forms provided by the Clerk of Circuit Court should be considered as basic information only and may not be applicable to every situation. The information is not intended to be used as legal advice. We do not guarantee that either the instructions or the forms will achieve the result desired by the parties or ensure that any individual judge will follow the procedure exactly or accept each and every form drafted. Any person using these instructions and forms does so at his or her own risk. Specific guidance as to how to proceed with filing a lawsuit or answering a lawsuit and questions about your particular situation should be directed to a qualified attorney, as Florida law prevents our staff from providing legal advice.

Florida Bar Referral Service
(800) 342-8011
<http://www.floridabar.org/lawyerreferral>

NON-REFUNDABLE FEES ASSOCIATED WITH CASE

FILING FEE: \$300.00

SUMMONS ISSUANCE FEE: \$10.00 PER SUMMONS

Payable by cash/ cashier's check/ money order/ credit card (MasterCard, Visa, American Express, Discover) (A service charge of 3.5% will be added when using credit card)

A fee is required to serve each defendant. The Sheriff of Seminole County charges \$40 for each defendant served or you may choose your own Process Server.

READ ALL OF THE INFORMATION AND INSTRUCTIONS BEFORE COMPLETING THE FORMS AND SUBMITTING THEM FOR FILING.

DOCUMENTS MUST BE LEGIBLE. TYPE WRITTEN OR LEGIBLY HANDWRITTEN IN BLACK OR BLUE INK.

FILING CHECKLIST

STEP ONE (File your case)

In order to file your case with the Clerk's Office, you will need the following:

1) COMPLAINT FOR DECLARATORY JUDGMENT AND RELIEF

Complete this form in its entirety, including signature and notarization.

Attach a copy of your Bill of Sale.

Attach a copy of documentation from Department of Highway Safety and Motor Vehicles showing the owner's name and last known address. ** If you do not know the owner's name and address, you must request the information from the DHSMV and attach a copy of the documentation.

Attach any other documentation proving your ownership.

Make copies of these documents, one for your records and one for each Defendant. The court will keep the original, so if you do not make the copies beforehand you will need to pay additional fees for copies.

2) SUMMONS FOR PERSONAL SERVICE

Complete this form

Make (2) two copies of this document for EACH Defendant.

Provide Clerk with both copies of the summons, the copies of the complaint for service, and pay summons issuance fee for each Defendant.

Clerk will issue the summons, then you will need to serve each Defendant.

STEP TWO (Serve the defendant)

Once the Clerk has issued the summons, you will deliver/send the summons to the Sheriff's Office, and they will serve the summons on the Defendant. You have the option of using the Sheriff's Office, or a private process server.

Each Defendant has 20 calendar days to file his/her written defenses to the Complaint.

IF YOU ARE UNABLE TO SERVE THE DEFENDANT

If attempts to serve the defendant were unsuccessful you may serve the defendant by publication in a local newspaper. The following forms are necessary for this action:

1) AFFIDAVIT OF DILIGENT SEARCH

___ Complete this form in its entirety. Check all actions that were attempted. Make sure to sign & notarize the document. You will need to pay additional fees with the Clerk's office to have the document notarized.

___ File with the Clerk. This must be done before a Notice of Action can be issued.

2) NOTICE OF ACTION

___ Complete this form EXCLUDING the dates.

___ Make copies. You should have: one for your records (to keep track of the date the Defendant has to respond by), one for the newspaper, one for each last known address listed in the Affidavit of Diligent Search, and one for the court. If you do not make copies beforehand, you will need to pay additional fees for copies.

___ Take this document to the Clerk's office to be issued. There will not be a fee for this service.

___ This document must be taken to a qualified newspaper to be published. It must run in the paper once per week for four consecutive weeks. **The newspaper will charge you their fee for this service.**

___ The newspaper will provide you with a notarized affidavit of proof that the document was published according to the Florida Statutes. File Proof of Publication with the Clerk.

(If the Defendant DID NOT respond) MOTION FOR CLERK'S DEFAULT

___ Complete this form in its entirety, including signatures.

___ Make copies of these documents, one for your records and one for each Defendant. The court will keep the original, so if you do not make the copies beforehand you will need to pay additional fees for copies.

Make sure that you send a copy to each Defendant as indicated in the Certificate of Service section of this form.

MOTION FOR DEFAULT JUDGMENT

Complete this form in its entirety, including signatures.

Make copies of these documents, one for your records and one for each Defendant. The court will keep the original, so if you do not make the copies beforehand you will need to pay additional fees for copies.

Make sure that you send a copy to each Defendant as indicated in the Certificate of Service section of this form.

FINAL JUDGMENT

Read each line and fill in the appropriate responses. Please print legibly as the Department of Highway Safety and Motor Vehicle will need this in order to issue your title. If the Department cannot read the order, then you may not be able to get your new title.

You will need to submit this order to the Judge for review. If you are unsure of how to do that, then the Clerk's office can direct you on how to do that.

You may check the status of your case by visiting our website:
www.seminoleclerk.org or you may contact us by phone at 407-665-4300.

(If the Defendant DID respond) REQUEST FOR HEARING

Complete this form in its entirety, including signatures.

File with the Clerk

Contact the Judicial Assistant for the Judge to schedule a hearing date

Bring Final Judgment with you to the hearing date for the Judge to sign if needed

IN THE COUNTY COURT EIGHTEENTH JUDICIAL CIRCUIT
IN AND FOR SEMINOLE COUNTY, FLORIDA

CASE NO.: _____

AFFIDAVIT
VEHICLE TITLE APPLICATION

AFFIANT

Name _____
Address _____
City _____ State _____ Zip _____
Telephone _____

VEHICLE INFORMATION

Year _____ Make _____ Model _____ Body _____
Vehicle Title Number _____ State of Issue _____
Vehicle Identification Number _____
Purchase Price _____ Dollar Value _____
Date of Purchase _____ Do you owe any money on this vehicle? Yes No

I have attached a letter from my county Sheriff's office, dated not more than 30 days from today's date confirming that this vehicle has not been reported stolen

PREVIOUS OWNER INFORMATION

I purchased this vehicle from _____
Address _____
City _____ State _____ Zip _____
I did not receive the title at the time of purchase because _____

I cannot receive the title at this time because _____

I have conducted a diligent search in accordance with the attached Affidavit of Diligent Search

Date _____ Signature of Affiant _____

STATE OF FLORIDA

COUNTY OF _____

Sworn to or affirmed and signed before me on _____ by _____

NOTARY PUBLIC OR DEPUTY CLERK

{Print, type or stamp commissioned name of notary or deputy clerk.}

___ Personally Known

___ Produced Identification

Type of Identification Produced: _____

IN THE COUNTY COURT OF THE EIGHTEENTH JUDICIAL CIRCUIT,
IN AND FOR SEMINOLE COUNTY, FLORIDA

CASE NO. _____

_____,
Plaintiff(s)

vs.

_____,
And

STATE OF FLORIDA

DEPARTMENT OF HIGHWAY SAFETY AND

MOTOR VEHICLES,

Defendant(s)

COMPLAINT FOR DECLARATORY JUDGMENT AND RELIEF

Plaintiff(s), _____,
file(s) this complaint seeking a declaratory judgment and other relief from the Court pursuant to
Chapters 86 and 319, Florida Statutes, and allege(s) as follows:

1. This is an action requesting declaratory judgment and other relief involving the acquisition of
a clear title for a

(make & model of vehicle, vessel, trailer, etc.)

2. The Plaintiff(s) is/are a resident of _____ County, Florida and owner(s) of the
property described in paragraph #1, purchased and paid for in _____ County,
Florida.

3. The property has an estimated value of \$ _____, which is the jurisdictional amount
of this Court.

4. This Court has jurisdiction in this matter.

5. On *(date of purchase)* _____, the Plaintiff(s) paid and purchased for the sum of
\$ _____, the subject property.

6. The VIN # is
_____.

7. Upon Plaintiff's(s') purchase of the property described in paragraph #1, the owner(s)/defendant(s), did not give the Plaintiff(s) the original title.

8. The Plaintiff(s) has/have taken the following actions to secure the legal title:

9. The Plaintiff(s) also has/have complied with the requirements of the Florida Department of Highway Safety and Motor Vehicles.

10. The Plaintiff(s) has/have no alternative but to seek the intervention of this Court and requests that this Court grant relief in the matter.

WHEREFORE, Plaintiff(s) request(s) this Court to take jurisdiction in this matter and

A. Enter a declaratory judgment finding that based upon the circumstances outlined in this complaint, that the document attached to this complaint is sufficient to facilitate the issuance of a title.

B. Enter a declaratory judgment requiring the Florida Department of Highway Safety and Motor Vehicles to issue title for the property described within the complaint, which is currently in the possession of the Plaintiff(s) as expeditiously as possible. The judgment would enable the Plaintiff(s) to comply with Florida law that requires the registration and licensing of this vehicle, vessel, trailer, etc.

Dated this ____ day of _____, 20____.

Plaintiff's(s') Signature(s)

Plaintiff's(s') Printed Name(s)

Address

City, State, Zip Code

Telephone Number

STATE OF FLORIDA

COUNTY OF _____

Sworn to or affirmed and signed before me on _____ by _____

NOTARY PUBLIC OR DEPUTY CLERK

(Print, type, or stamp commissioned name of notary
or deputy clerk.)

____ Personally known

____ Produced Identification

(Type of identification produced) _____.

CERTIFICATE OF SERVICE

I/We hereby certify that a copy of this complaint has been furnished by regular mail to the State of Florida Department of Highway Safety and Motor Vehicles, 2900 Apalachee Parkway, Tallahassee, FL 32399.

Plaintiff(s)' Signature(s)

Form 1.997 Civil Cover Sheet

The civil cover sheet and the information contained in it neither replace nor supplement the filing and service of pleadings or other documents as required by law. This form must be filed by the plaintiff or petitioner with the Clerk of Court for the purpose of reporting uniform data pursuant to section 25.075 Florida Statutes. (See instructions for completion).

I. CASE STYLE

_____ COURT, EIGHTEENTH JUDICIAL CIRCUIT,
IN AND FOR SEMINOLE COUNTY, FLORIDA

Plaintiff _____

CASE #: _____

vs.

JUDGE: _____

Defendant _____

II. AMOUNT OF CLAIM

Please indicate the estimated amount of the claim, rounded to the nearest dollar. \$_____ The estimated amount of claim is requested for data collection and clerical processing purposes only. The amount of the claim shall not be used for any other purpose.

- _____ \$8,000 or less
- _____ \$8,001 - \$50,000
- _____ \$50,001 - \$75,000
- _____ \$75,001 - \$100,000
- _____ over \$100,000.00

III. TYPE OF CASE (If the case fits more than one type of case, select the most definitive category.) If the most descriptive label is a subcategory (is indented under a broader category), place an x on both the main category and subcategory lines.

CIRCUIT CIVIL

- _____ Condominium
- _____ Contracts and indebtedness
- _____ Eminent Domain
- _____ Auto Negligence
- _____ Negligence – Other

- _____ Business Governance
- _____ Business Torts
- _____ Environmental/Toxic Tort
- _____ Third Party Indemnification
- _____ Construction Defect
- _____ Mass Tort
- _____ Negligent Security
- _____ Nursing Home Negligence
- _____ Premises Liability – Commercial
- _____ Premises Liability – Residential

- _____ Products Liability
- _____ Real Property/Mortgage Foreclosure

- _____ Commercial Foreclosure
- _____ NonHomestead Residential Foreclosure
- _____ Other Real Property Actions

- _____ Professional Malpractice

- _____ Malpractice-Business
- _____ Malpractice-Medical
- _____ Malpractice-Other Professional

- _____ Other

- _____ Antitrust/Trade Regulation
- _____ Business Transactions
- _____ Constitutional Challenge - Statute or Ordinance
- _____ Constitutional Challenge - Proposed Amendment
- _____ Corporate Trusts
- _____ Discrimination-Employment or Other
- _____ Insurance Claims
- _____ Intellectual Property
- _____ Libel/Slander
- _____ Shareholder Derivative Action
- _____ Securities Litigation
- _____ Trade Secrets
- _____ Trust Litigation

COUNTY CIVIL

- Civil
- Real property/Mortgage foreclosure
- Replevins
- Evictions
 - Residential Evictions
 - Non-residential Evictions
- Other Civil (non-monetary)

IV. REMEDIES SOUGHT (check all that apply):

- Monetary;
- Non-monetary declaratory or injunctive relief;
- Punitive

V. NUMBER OF CAUSES OF ACTION: _____

Specify: _____

VI. IS THIS CASE A CLASS ACTION LAWSUIT?

- yes
- no

VII. HAS NOTICE OF ANY KNOWN RELATED CASE BEEN FILED?

- no
- yes If "yes", list all related cases by name, case number and court.

VIII. IS JURY TRIAL DEMANDED IN COMPLAINT?

- yes
- no

I CERTIFY that the information I have provided in this cover sheet is accurate to the best of my knowledge and belief, and that I have read and will comply with the requirements of Florida Rule of Judicial Administration 2.425.

Signature: _____
Attorney or Party

Fla. Bar #: _____
(Bar # if attorney)

type or print name

Date

IN THE COUNTY COURT OF THE EIGHTEENTH JUDICIAL CIRCUIT,
IN AND FOR SEMINOLE COUNTY, FLORIDA

CASE NO. _____

_____,
Plaintiff(s)

vs.

_____,
And

STATE OF FLORIDA

DEPARTMENT OF HIGHWAY SAFETY AND

MOTOR VEHICLES,

Defendant(s)

AFFIDAVIT OF DILIGENT SEARCH AND INQUIRY

I, (full legal name) _____, being sworn, certify that the following information is true:

1. I have made diligent search and inquiry to discover the current residence of the Defendant who is [over 18 years old] [under 18 years old] [age is unknown] (circle one). Refer to the checklist below and identify all actions taken (any additional information included such as the date the action was taken and the person with whom you spoke is helpful) (attach additional sheet if necessary):

[check all that apply]

- Inquiry of Social Security Information
- Telephone listings in the last known locations of defendant's residence
- Statewide directory assistance search
- Internet people finder search (specify sites searched)
- Voter Registration in the area where the Defendant was last known to reside
- Nationwide Masterfile Death Search
- Tax Collector's records in area where the Defendant was last known to reside
- Tax Assessor's records in area where Defendant was last known to reside
- Department of Motor Vehicle records in state of Defendant's last known address

- Driver's License records search in the state of Defendant's last known address
- Department of Corrections records in state of Defendant's last known address
- Federal Prison records search
- Regulatory agencies for profession or occupation licensing
- Inquiry to determine if Defendant is in military service
- Last known employment of Defendant

{List all additional efforts made to locate Defendant(s)}

{Attempts to Serve Process and Results}

___ I inquired of the occupant of the premises whether the occupant knows the location of the defendant, with the following results:

2. Defendant's Current Residence

- a) ___ is unknown to me
- b) ___ is in some state or county other than Florida and defendant's last known address is

- c) ___ the defendant having been a resident in Florida has been absent from Florida for more than 60 days prior to the date of this affidavit, or conceals him/herself so that process cannot be served personally upon him or her and I believe there is no person in the state upon whom service of process would bind this absent or concealed defendant.

I understand that I am swearing or affirming under oath to the truthfulness of the claims made in this affidavit and that the punishment for knowingly making a false statement includes fines and/or imprisonment.

Dated _____

Signature of Party

Print Name _____

Address _____

City, State, Zip _____

Telephone Number _____

STATE OF FLORIDA

COUNTY OF _____

Sworn to or affirmed and signed before me on _____ by _____

NOTARY PUBLIC OR DEPUTY CLERK

(Print, type, or stamp commissioned name of notary or deputy clerk.)

____ Personally known

____ Produced Identification

(Type of identification produced) _____.

IN THE COUNTY COURT OF THE EIGHTEENTH JUDICIAL CIRCUIT,
IN AND FOR SEMINOLE COUNTY, FLORIDA

_____,
Plaintiff(s)

Case No.: _____

Division: _____

vs

And

STATE OF FLORIDA

DEPARTMENT OF HIGHWAY SAFETY AND

MOTOR VEHICLES,

Defendant(s)

SUMMONS

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-styled cause upon
Defendant(s).**

TO DEFENDANT(S):

Defendant('s)(s') Name(s)

Address

City, State, Zip Code

PLEASE READ CAREFULLY

Each Defendant is required to mail or deliver a copy of your written defenses to the complaint on
_____, the Plaintiff(s), whose address is:

within 20 days after service of this summons on that Defendant, exclusive of the day of service,
and each Defendant is required to file the original of the defenses with the clerk of this court at:

either before service on Plaintiff(s) or immediately thereafter.

If a defendant fails to do so, a default will be entered against that defendant for the relief demanded in the complaint.

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, Seminole County Courthouse, 301 North Park Avenue, Sanford, Florida 32771 at (407) 665-4227 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.

WITNESS MY HAND AND SEAL OF THIS COURT on the ____ day of _____,
20__.

Grant Maloy

Clerk of the Circuit Court and Comptroller

By: _____

As Deputy Clerk

SIRVASE LEER CON CUIDADO

Se requiere que cada Demandado envíe por correo o entregue una copia de sus defensas escritas a la queja en _____, el Demandante (s), cuya dirección es:

dentro de los 20 días posteriores a la notificación de esta citación en ese Demandado, sin incluir el día de notificación, y cada Demandado debe presentar el original de las defensas ante el secretario de este tribunal en:

ya sea antes de la notificación al demandante (s) o inmediatamente después. Si un acusado no lo hace, se ingresará un incumplimiento en contra de ese acusado por la reparación exigida en la demanda.

Si usted es una persona minusválida que necesita algún acomodamiento para poder participar en este procedimiento, usted tiene derecho, sin tener gastos propios, a que se le provea cierta ayuda. Tenga la amabilidad de ponerse en contacto con ADA Coordinator, Court Administration, 301 North Park Avenue, Sanford, FL 32771, telephone number (407) 665-4227, por lo menos 7 días antes de la cita fijada para su comparecencia en los tribunales, o inmediatamente después de recibir esta notificación si el tiempo antes de la

comparecencia que se ha programado es menos de 7 días; si usted tiene discapacidad del oído o de la voz, llame al 711.

LISEZ ATTENTIVEMENT

Chaque défendeur est tenu de poster ou de remettre une copie de vos défenses écrites à la plainte sur _____, le(s) demandeur(s), dont l'adresse est :

_____ dans les 20 jours suivant la signification de la présente assignation à ce défendeur, à l'exclusion du jour de la signification, et chaque défendeur est tenu de déposer l'original des défenses auprès du greffier de ce tribunal à :

_____ soit avant la signification au(x) demandeur(s) ou immédiatement après. Si un défendeur ne le fait pas, un défaut sera inscrit contre ce défendeur pour la réparation demandée dans la plainte.

Si ou se yon moun ki enfim ki bezwen akomodasyon pou w kab patisipe nan pwosedi sa a, ou gen dwa, san ou pa bezwen peye okenn lajan, pou w jwenn yon sèten èd. Tanpri kontakte ADA Coordinator, Court Administration, Kòdonatris pwogram Lwa Ameriken pou Moun ki Enfim yo nan 301 North Park Avenue, Sanford, FL 32771, telephone number (407) 665-4227, fè sa omwen 7 jou anvan dat ou gen randevou pou parèt nan Tribinal la, oswa fè sa imedyatman apre ou fin resevwa konvokasyon an si dat ou gen pou w parèt nan tribinal la mwens pase 7 jou; si ou gen pwoblèm pou w tande byen oswa pou w pale klè, rele 711.

IN THE COUNTY COURT OF THE EIGHTEENTH JUDICIAL CIRCUIT,
IN AND FOR SEMINOLE COUNTY, FLORIDA

CASE NO. _____

_____,
Plaintiff(s)

vs.

_____,
And

STATE OF FLORIDA

DEPARTMENT OF HIGHWAY SAFETY AND

MOTOR VEHICLES,

Defendant(s)

NOTICE OF ACTION

TO:

Defendant(s): _____

YOU ARE NOTIFIED that an action for Declaratory Judgment has been filed against you and you are required to serve a copy of your written defenses, if any, to it on the Plaintiff(s), whose address is

on or before _____ and file the original with the clerk of this court either before service on the Plaintiff(s) or immediately thereafter; otherwise a default will be entered against you for the relief demanded in the complaint.

DATED on: _____

Grant Maloy

As Clerk of Circuit Court & Comptroller

By: _____

As Deputy Clerk

IN THE COUNTY COURT OF THE EIGHTEENTH JUDICIAL CIRCUIT,
IN AND FOR SEMINOLE COUNTY, FLORIDA

Plaintiff(s)

Case No.: _____

Division: _____

vs

And

STATE OF FLORIDA

DEPARTMENT OF HIGHWAY SAFETY AND

MOTOR VEHICLES,

Defendant(s)

MOTION FOR CLERK'S 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 to the
Complaint for Declaratory Judgment and Relief.

Plaintiff

CLERK'S 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 to the Complaint for Declaratory Judgment
and Relief.

Dated on _____, _____.

Grant Maloy
Clerk of the Circuit Court and Comptroller

By: _____
Deputy Clerk

CERTIFICATE OF SERVICE

I certify that a copy of this Motion for Clerk's Default was emailed mailed hand-delivered to the person(s) listed below on the _____ day of _____, 20__.

Defendant(s) or Attorney(s) for Defendant(s):

Name: _____

Address(es): _____

City, State, Zip: _____

Email address: _____

Date: _____

Signature of Plaintiff(s)

Printed Name(s)

Address, City, State, Zip Code

Telephone Number

Email Address

IN THE COUNTY COURT OF THE EIGHTEENTH JUDICIAL CIRCUIT
IN AND FOR SEMINOLE COUNTY, FLORIDA

Plaintiff(s)
vs.

CASE NO.: _____

And

STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY AND
MOTOR VEHICLES,
Defendant(s)

MOTION FOR DEFAULT FINAL JUDGMENT

Plaintiff asks the Court to enter a Default Final Judgment for Declaratory Judgment and Relief against Defendant(s), and says:

1. Plaintiff filed a Complaint for Declaratory Judgment and Relief against the Defendant(s).
2. Defendant(s) failed to timely file an answer and a Default has been entered by the Clerk of this Court.

WHEREFORE, Plaintiff asks this Court to enter a Default Final Judgment for Declaratory Judgment and Relief against Defendant(s).

CERTIFICATE OF SERVICE

I certify that a copy of this Motion for Default Final Judgment was emailed mailed hand-delivered to the person(s) listed below on the _____ day of _____, 20__.

Defendant(s) or Attorney(s) for Defendant(s):

Name: _____

Address(es): _____

City, State, Zip: _____

Email address: _____

Date: _____

Signature of Plaintiff(s)

Printed Name(s)

Address, City, State, Zip Code

**IN THE COUNTY COURT OF THE EIGHTEENTH JUDICIAL CIRCUIT
IN AND FOR SEMINOLE COUNTY, FLORIDA**

Plaintiff(s)

CASE NO.: _____

vs

And

STATE OF FLORIDA

DEPARTMENT OF HIGHWAY SAFETY AND

MOTOR VEHICLES,

Defendant(s)

REQUEST FOR NOTICE OF HEARING/TRIAL

Comes now the Plaintiff in the above styled case and states that this cause is at issue and ready for a hearing or non-jury trial in Chambers.

Plaintiff requests a notice of hearing or a notice of non-jury trial be set for the above styled case. If this matter is resolved, the Plaintiff shall contact the judge's office to cancel the hearing.

Dated: _____

Signature of Plaintiff(s)

Printed Name

Address

City, State, Zip

Telephone

CERTIFICATE OF SERVICE

I certify that a copy of this Request for Notice of Hearing/Trial was emailed mailed hand-delivered to the person(s) listed below on the _____ day of _____, 20__.

Defendant(s) or Attorney(s) for Defendant(s):

Name: _____

Address(es): _____

City, State, Zip: _____

Email address: _____

Date: _____

Signature of Plaintiff(s)

Printed Name(s)

Address, City, State, Zip Code

Telephone Number

Email Address

IN THE COUNTY COURT OF THE EIGHTEENTH JUDICIAL CIRCUIT,
IN AND FOR SEMINOLE COUNTY, FLORIDA

CASE NO.: _____

Plaintiff(s)

vs.

And

STATE OF FLORIDA DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES,

Defendant(s)

FINAL JUDGMENT

THIS CAUSE coming on to be considered before this Court and the Court being duly advised and having examined the supporting documents establishing proof of ownership and right of possession of the applicant and the Court being otherwise advised as to the circumstances relating to this matter the Court hereby finds:

1) The Court has jurisdiction herein pursuant to Florida Statute 86.011 and Florida Statute 319.28(2)(a).

2) The value of the vehicle described as

- a. YEAR: _____
- b. MAKE: _____
- c. MODEL: _____
- d. VIN: _____
- e. TOTAL VALUE: \$ _____ US DOLLARS

3) The above described vehicle has not been reported stolen.

4) The applicant(s): _____
is/are entitled to have a certificated of title issued in his/her name(s).

THEREFORE, the Court hereby awards to:

sole possession and ownership of the vehicle described herein and directs the Department of Highway Safety and Motor Vehicles to issue a certificate of title to the vehicle upon presentation of an application thereof, along with the original of this Order or a certified copy thereof, and all applicable fees and charges.

DONE AND ORDERED in Seminole County, Florida this ____ day of _____, 20____.

COUNTY COURT JUDGE