

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

Case Number: _____

Division: _____

Plaintiff(s)

vs

Defendant(s)

EVICCTIONS SUMMONS/NON-RESIDENTIAL (COMMERCIAL)

TO ALL AND SINGULAR THE SHERIFFS OF THE STATE OF FLORIDA:

YOU ARE COMMANDED to serve this **SUMMONS** and a copy of the **COMPLAINT** in the above styled cause upon **DEFENDANT(S)** whose name(s) and address is: _____

TO THE DEFENDANT(S):

YOU ARE REQUIRED to mail or deliver the original of your **WRITTEN ANSWER AND DEFENSES** to the attached **COMPLAINT** to the **CLERK'S OFFICE**, 101 Eslinger Way, Sanford, FL 32773, **AND** a copy to Plaintiff or Plaintiff's attorney whose name and address is: _____

PERSONAL SERVICE: IF THIS SUMMONS and a copy of the **COMPLAINT** have been personally served upon you or upon anyone residing at your residence who is 15 years of age or older, your **WRITTEN ANSWER AND DEFENSE MUST** be received by the **CLERK'S OFFICE** within **5 WORKING DAYS** of service as to the claim for possession of the premises **AND** within **20 DAYS** as to the claim for arrears in rent (or other claims for money damages).

POSTED-MAIL SERVICE: IF THIS SUMMONS and a copy of the **COMPLAINT** have been attached to a conspicuous place on your residence or you received it in the mail, your **WRITTEN ANSWER AND DEFENSES MUST** be received within **5 WORKING DAYS** of the date the Clerk mailed a copy to you **OR** the date it was attached to some conspicuous place on the property described in the **COMPLAINT. WHICHEVER OCCURRED LATER.** The date of mailing is the date noted below in the Clerk's Certificate and the date of posting is the date noted thereon by the Process Server. If claim is for possession of real property, the tenant shall pay into the court registry the amount alleged in the **COMPLAINT** as unpaid, or is such amount is contested, such amount as is determined by the court, and any rent accruing during the pendency of the action, when due, unless the tenant has interposed the defense of payment or satisfaction of the rent in the amount the **COMPLAINT** alleges as unpaid.

No personal checks accepted. MONIES DEPOSITED INTO THE REGISTRY OF THE COURT MUST BE IN THE FORM OF CASH, CASHIER'S CHECK OR MONEY ORDER. A CLERK'S FEE OF 3% ON THE FIRST \$500.00, AND 1 1/2% ON EACH SUBSEQUENT \$100.00 MUST BE PAID IN ADDITION TO THE MONIES DEPOSITED.

IF YOU FAIL TO ACT according to these instructions, a **DEFAULT** may be entered against you and a **JUDGMENT FOR EVICTION AND/OR MONEY DAMAGES PLUS REASONABLE COURT COSTS AND ATTORNEY'S FEES** may be entered without further notice to you.

Witness my hand and the seal of this Court on the _____ day of _____, _____.

GRANT MALOY
As Clerk of the Court

101 Eslinger Way
Sanford, FL 32773

By: _____
As Deputy Clerk

**CLERK'S CERTIFICATE OF MAILING PURSUANT TO FLORIDA STATUTE 83.22(2)
(NON-RESIDENTIAL PREMISES)**

I HEREBY CERTIFY that a copy of the **SUMMONS** and **COMPLAINT** in this cause was sent by First-Class Mail to Defendant/Tenant to such address or location as has been designated by the Tenant for receipt of Notice in a written lease or other agreement or, if none has been designated, to the residence of the Tenant, if known, AND to the last known business address of the Tenant on the _____ day of _____, _____ as required by section 83.22(2) Florida Statutes.

By: _____
As Deputy Clerk

THE COUNTY COURT DOES NOT PROVIDE INTERPRETERS OR TRANSLATORS, YOU ARE RESPONSIBLE FOR PROVIDING YOUR OWN INTERPRETERS OR TRANSLATORS.

LA CORTE DEL CONDADO NO PROVEE INTERPRETES O TRADUCTORES, USTED ES RESPONSABLE DE PROVEER SU PROPIO INTERPRETE O TRADUCTOR.

TRIBINAL KONTE A PA BAY ENTÈPRÈT OSWA TRANSLATOR, OU SE RESPONSAB POU FOUNI PWÒP ENTÈPRÈT OSWA TRANSLATOR OU.

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, Court Administration, 301 North Park Avenue, Sanford, FL 32771, telephone number 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.

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 el Coordinador de ADA, Court Administration, 301 North Park Avenue, Sanford, FL 32771, 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 discapacitación del oído o de la voz, llame al 711.

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 Court Administration, 301 North Park Avenue, Sanford, FL 32771, 407-665-4227, Kòdonatris pwogram Lwa Ameriken pou Moun ki Enfim yo nan, 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.