



JOSEPH E. SMITH
Clerk of the Circuit Court
St. Lucie County

SELF-SERVICE CENTER

Department: County Civil

Packet #R3-15: Replevins

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(772) 785-5880

REPLEVIN INFORMATION

Any person whose property is wrongfully detained by another party may file a replevin complaint to recover possession of the property. The value of the property cannot exceed \$5,000.00.

JURISDICTION - A replevin complaint must be filed in the Court which holds jurisdiction based upon the value of the property sought to be replevied. When property consists of several articles, the property may not be divided to give jurisdiction to the Small Claims Court.

VENUE – A replevin action must be brought in the county where the property sought is located, where the contact was entered into, where the defendant resides or where the cause of action occurred.

COMPLAINT - The replevin complaint form should be typed or printed. After completing the form, attach any documentation supporting the claim (contract, title, bill of sale, proof of ownership, etc) to the Complaint and file it with the Clerk of Court.

The filing fees are as follows:

CLAIMS LESS THAN \$1000	\$130.00*
CLAIMS BETWEEN \$1001 THRU \$2500	\$260.00*
CLAIMS BETWEEN \$2501 THRU \$8000	\$385.00*

*PAYABLE TO ST. LUCIE COUNTY CLERK OF THE CIRCUIT COURT
CASH/ MONEY ORDER/ MASTERCARD/DISCOVER OR VISA

SHERIFF'S FEE

ORDER TO SHOW CAUSE, PER SUMMONS/ PER DEFENDANT	\$40.00*
WRIT OF REPLEVIN (AFTER HEARING)	\$90.00*

*PAYABLE TO THE SHERIFF'S DEPARTMENT OF THE
COUNTY WHERE TO DEFENDANT IS TO BE SERVED
MONEY ORDER OR CASHIER'S CHECK



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REFERENCE GUIDE TO COMPLETING REPLEVIN COMPLAINT

- REPLEVIN COMPLAINT
 - Fill in your name as plaintiff(s), address and phone number
 - Fill in the defendant(s) name and address for service
 - Fill in how the defendant came in to possession of the property
 - Fill in where the property is physically located
 - Fill in the value of the property
 - Fill in the description of the property (include any identification numbers, serial numbers, etc)
 - Sign and have your signature notarized

INDIVIDUAL

If you are suing an individual, you will need the defendant's name and an address which the defendant may be served at. The sheriff's department or a private process server must serve the Replevin Complaint and Order to Show Cause so you cannot use a Post Office Box.

COMPANY

If you are suing a company, you need the full name of the owner and company (owner d/b/a company). Include the address where the owner may be served.

CORPORATION

If you are suing a corporation, include the full legal name of the corporation and list the registered agent's name and address for service. Corporate information is available through the Secretary of State, Division of Corporations, Tallahassee, Florida 800-755-5111. Or you may research the information via internet at www.sunbiz.org.

- Go to www.sunbiz.org
- Under "Our Site Index" click on Corporations, Trademarks and Limited Partnerships
- Click on the Name List
- Enter the corporations full legal name
- Click submit
- Scroll down to retrieve the registered agent's name and service address
- If no registered agent's name is listed, proceed to use an officer or director of the corporation
- If no corporation name is listed, it is your responsibility to decide how to pursue the lawsuit

Attach any supporting documentation to the Replevin Complaint. If a contract exists, a copy must be included. Also include proof of ownership of the property.

You may file your complaint at either of the Small Claims/County Civil locations. **All hearings are held at the South County Courthouse Annex**, 250 N.W. Country Club Drive, Port St Lucie, Florida. In addition, all court files are kept at this location.



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INSTRUCTIONS FOR FILING A REPLEVIN

STEP 1

The following paperwork and fees are required to process your Replevin case:

- **PAPERWORK:**
 - Original Replevin Complaint
 - Copy of exhibit
 - One (1) copy of all documents for **each** defendant
 - One (1) copy of all documents for your records
 - Self-Addressed Stamped Envelope if using the sheriff's department for service and you would like a copy of the return of service
 - If you are using a process server – include the name and phone number of the server on a separate sheet of paper
- **FILING FEE:** (payable to ST. LUCIE COUNTY CLERK OF COURT)
 - As per the attached fee schedule in payable in cash; money order; local personal check (with proper identification; MasterCard; Discover or Visa)
- **SERVICE FEE:**
 - **FOR SHERIFF SERVICE:**
\$40.00 per summons/ per defendant, payable by money order or cashier's check (payable to the Sheriff's Department in the county where the defendant is to be served)
 - **FOR PRIVATE PROCESS SERVER**
Payment arrangement is made directly with the process server

STEP TWO

File the original, copies and envelope (if applicable) with the Clerk of Courts County Civil Department. You may file your complaint at either of the following locations:

South County Courthouse Annex (Main Office)
250 N.W. Country Club Drive, Room 115
Port St Lucie, Florida 34986

County Civil Department
201 South Indian River Drive
Fort Pierce, Florida 34950

All court files are located and all hearings are held at the South County Annex.

STEP THREE

Once the Clerk's Office has processed your complaint, a hearing date will be scheduled and an Order to Show Cause will be prepared for issuance by the Judge assigned to your case. Once the Order to Show Cause is entered, a copy will be furnished to you by mail. The Clerk will forward your Replevin Complaint and Order to Show Cause to the sheriff's department for service on the Defendant. If you are using a process server, give the Clerk the name of the server and they may either pick it up at the Clerk's Office or you make take it with you and deliver it to the process server.

SETTLEMENT:

If you and the defendant resolve the case prior to the hearing date, you may file a Voluntary Dismissal which is available on the Clerk of the Circuit Court's website at www.stlucieclerk.com



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In the County Court,
Nineteenth Judicial Circuit,
in and for County of St. Lucie,
State of Florida – Civil Division

Case No.

VS
PLAINTIFF,

DEFENDANT.

_____ /

REPLEVIN COMPLAINT

Plaintiff(s) sues the Defendant(s) and alleges:

1. This is an action to recover possession of personal property in St. Lucie County, Florida.
2. The description of the property is: [list property] _____

To the best of plaintiff's knowledge, information and belief, the value of the property is \$ _____

Plaintiff is entitled to possession of the property because: _____

3. To plaintiff's best knowledge, information and belief the property is located at: _____

4. The property is wrongfully detained by the defendant. Defendant came into possession of the property by: [method of possession] _____

To plaintiff's best knowledge, information and belief, the defendant detains the property because: [give reason] _____

5. The property has not been taken for any tax, assessment or fine pursuant to law.
6. The property has not been taken under an execution or attachment against plaintiff's property.

Wherefore, plaintiff demands judgment for possession of the property plus all cost of this action.

Signature: _____

Print Name: _____

Address: _____

Phone: _____



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NOTICE OF LIMITATION OF SERVICES PROVIDED

THE PERSONNEL IN THIS SELF-HELP PROGRAM ARE NOT ACTING AS YOUR LAWYER OR PROVIDING LEGAL ADVICE TO YOU.

SELF-HELP PERSONNEL ARE NOT ACTING ON BEHALF OF THE COURT OR ANY JUDGE. THE PRESIDING JUDGE IN YOUR CASE MAY REQUIRE AMENDMENT OF A FORM OR SUBSTITUTION OF A DIFFERENT FORM. THE JUDGE IS NOT REQUIRED TO GRANT THE RELIEF REQUESTED IN A FORM.

THE PERSONNEL IN THIS SELF-HELP PROGRAM CANNOT TELL YOU WHAT YOUR LEGAL RIGHTS OR REMEDIES ARE, REPRESENT YOU IN COURT OR TELL YOU HOW TO TESTIFY IN COURT.

THE INFORMATION THAT YOU GIVE TO AND RECEIVE FROM SELF-HELP PERSONNEL IS NOT CONFIDENTIAL AND MAY BE SUBJECT TO DISCLOSURE AT A LATER DATE. IF ANOTHER PERSON INVOLVED IN YOUR CASE SEEKS ASSISTANCE FROM THIS SELF-HELP PROGRAM THAT PERSON WILL BE GIVEN THE SAME ASSISTANCE THAT YOU RECEIVE.

IN ALL CASES, IT IS BEST TO CONSULT WITH YOUR OWN ATTORNEY.

ACKNOWLEDGMENT

*PLEASE COMPLETE THE FOLLOWING PARAGRAPH.
FILE THE SIGNED DOCUMENT WITH THE CLERK OF COURT.*

_____ I CAN READ ENGLISH

_____ I CANNOT READ ENGLISH, THIS NOTICE WAS READ TO ME BY

[NAME] _____ IN [LANGUAGE] _____

I _____ {name} do acknowledge that I have read this Notice of Limitation of Services Provided. I have received an explanation of the Notice of Limitation of Services Provided and I understand the limitation of the services provided. I understand that it is in my best interest to secure an attorney to represent my interest in this case. I understand that this form must be signed and filed with the Clerk before the Self-Help program may provide services to me.

Date _____

Signature

Case No: _____

Signature