



MICHELLE R. MILLER
CLERK & COMPTROLLER
ST. LUCIE COUNTY, FLORIDA

SELF-SERVICE CENTER

Department: County Civil

Packet #UD1-10: Unlawful Detainer

Action for removal of someone (not a tenant and without rent being due) from your home.

The Self Service Center Packet ("Packet") you are purchasing is hereby deemed a license for the purchaser. Any reproduction or redistribution of the Packet not in accordance with the terms delineated herein is expressly prohibited.

NonRefundable



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County Civil division
250 N.W. Country Club Drive
Port Saint Lucie, Florida 34986
(772) 785-5880

INSTRUCTIONS FOR FILING AN UNLAWFUL DETAINER ACTION

These forms should be used when the owner or legal tenant of the dwelling desires to remove someone from the property. The person that is being removed does not have a legal right to reside in the property (they are not an owner or a legal tenant). Additionally, there cannot be an agreement for rent (verbal or in writing) between the party filing and the party that is being removed. These forms should be typed or printed legibly. Please be sure to include a telephone number on the Unlawful Detainer where the Clerk's Office or Sheriff's Department may reach you.

Pursuant to F.S. 82.02(1)(2), "Unlawful entry and unlawful detention" is defined as –

- (1) No person who enters without consent in a peaceable, easy and open manner into any lands or tenements shall hold them afterwards against the consent of the party entitled to possession.**
- (2) This section shall not apply with regard to residential tenancies.**

STEP 1

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

- **PAPERWORK:**
 - Complaint for Unlawful Detainer
 - Three (3) copies of all documents for **each** defendant (service & mailing)
 - One (1) copy of all documents for your records
 - Pre-Addressed Stamped Envelopes: one with each defendant's name and address
- **FILING FEE:** (payable to ST. LUCIE COUNTY CLERK OF COURT)
 - \$300.00 cash/money order/MasterCard or Visa
 - PLUS \$10.00 PER SUMMONS / PER DEFENDANT** (eviction summons & damages summons)
- **SERVICE FEE:** (payable to St Lucie County Sheriff's Dept.)
 - \$40.00 per defendant, payable by money order, cashier's check or business check
 - \$90.00 Writ of Possession (paid after issuance of Judgment)

STEP TWO

File the original, copies and envelopes 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

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

All hearings are held at the South County Annex.

Once the Clerk's Office has processed your complaint, a Summons will be issued, and a Certificate of Mailing will be prepared (if a self-addressed stamped envelope was provided). Service of the Complaint and each Summons may be perfected by either sheriff's service or you may hire a private process server.

For Service of Process:

St Lucie County Sheriff's Department - Civil Office
218 South Second Street
Fort Pierce, Florida 34950

St Lucie County Sheriff's Department (for service of evictions in Port St Lucie & Jensen Beach only)
250 N.W. Country Club Drive
Port St Lucie, Florida 34986

If you have questions in regards to the service of the summons, you may contact the sheriff's department at 772-462-3214 or 772-462-3271.

Once the defendant(s) has been served, they will have five days (excluding the day of service, Saturdays, Sundays & legal holidays) to file a written response to your complaint.

STEP THREE

If the defendant files a response within the required time, the judge assigned to your case will review the file and determine whether or not the case should be set for hearing. If a hearing is scheduled, all parties will be notified by mail. If a hearing is not scheduled, the judge will issue a written decision and copies will be mailed to all parties.

If the defendant does not file a response within the required time, you may then file for a default.

STEP FOUR

Complete and file the following:

Original Motion for Clerk's Default – Unlawful Detainer with copies for defendant(s) and yourself
Original Non-Military Affidavit
Original Motion for Default Final Judgment – Unlawful Detainer
Self-addressed stamped envelopes with each defendant's name and address and your name and address.

Once the Judge enters your Final Judgment for Possession, you will need a Writ of Possession to remove the defendant(s) from the property.

STEP FIVE

Issuance of the Writ of Possession is not an automatic process. To obtain the Writ of Possession, you may call the Clerk of Court, County Civil Department at 772-785-5880. You are required to deliver the Writ to the sheriff's department (at either address located above) along with the service fee of \$90.00. The sheriff's department will schedule a date and time to meet you at the premises to remove any persons remaining and deliver possession back to you.

If the defendant vacates the premises or settlement is reached, the Plaintiff may file a Voluntary Dismissal which is available on the Clerk of Court's website at www.stlucieclerk.com

Revised Jan 5, 2021

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

Case No:

PLAINTIFF(S),

VS

DEFENDANT(S).

DESIGNATION OF E-MAIL ADDRESS FOR PARTY NOT
REPRESENTED BY AN ATTORNEY

Pursuant to Florida Rules of General Practice and Judicial Administration 2.516, I, _____
_____, designate the below e-mail address(es) for electronic service of all
documents related to this case.

By completing this form, I am authorizing the court, clerk of court, and all parties to send
copies of notices, orders, judgments, motions, pleadings, or other written communications to me
by e-mail or through the Florida Courts E-filing Portal.

I will file a written notice with the clerk of court if my current e-mail address changes.

Designated e-mail address: _____

Secondary designated e-mail address(es) (if any) _____

I certify that a copy hereof has been furnished to the clerk of court for St. Lucie County and
_____ by
(e-mail) (hand delivery) (mail) _____

(signature)

(printed name)

(e-mail address)

(address)

(phone number)



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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. _____

 Plaintiff(s),
 vs.

 Defendant(s).

COMPLAINT FOR UNLAWFUL DETAINER

COUNT ONE - POSSESSION

Plaintiff(s) _____,
 sues Defendant(s) _____
 and alleges:

1. This is a cause of action for unlawful detainer pursuant to Chapter 28, Florida Statutes.
2. On or about [date] _____ Defendant took possession of the dwelling located at [address/description of mobile home] _____ St. Lucie County, Florida with permission of Plaintiff.
3. On or about [date] _____ Plaintiff revoked his/her consent for Defendant to be in possession of the dwelling and, on that date, so informed Defendant and demanded that Defendant vacate the premises.
4. However, Defendant refused to vacate the premises and continues in possession of the dwelling against the consent of the Plaintiff, contrary to §82.04, Florida Statutes.
5. In accordance with §82.04(1), Florida Statutes, Plaintiff is entitled by this lawsuit to have Defendant removed from possession of the premises; and Plaintiff is entitled to the summary procedure set forth in §51.011, Florida Statutes.

WHEREFORE, the Plaintiff demands judgment for possession of the property against the defendant.

COUNT TWO – DAMAGES

This is optional. Please check the box if you wish to proceed with this count.

6. This is a cause of action for damages which do not exceed \$30,000.00
7. Plaintiff restates those allegations contained in paragraph 1 through 5 above.

8. Defendant owes Plaintiff the cost of action and service of process.

9. Defendant owes Plaintiff \$ _____ [insert damages amount] that is due.

WHEREFORE, the Plaintiff demands judgment for damages against the Defendant.

Signature

Printed name

Address

City, State, Zip Code

Telephone number

IN THE COUNTY COURT, IN AND FOR ST LUCIE COUNTY, FLORIDA

CASE NO. _____
[insert case number assigned by Clerk of the Court]

Plaintiff,

Vs.

**MOTION FOR CLERK'S DEFAULT -
UNLAWFUL DETAINER**

Defendant.

Plaintiff asks the Clerk to enter a default against _____,
[insert defendants name]

Defendant, for failing to respond as required by law to the Plaintiff's Complaint for Unlawful Detainer.

Name: _____
Address: _____

Telephone No. _____

DEFAULT – UNLAWFUL DETAINER

A default is entered against the above named Defendant(s) for failure to respond as required by law.

DATED: _____

MICHELLE R. MILLER
CLERK OF THE CIRCUIT COURT AND
COMPROLLER

BY: _____
Deputy Clerk

IN THE COUNTY COURT, IN AND FOR ST LUCIE COUNTY, FLORIDA

CASE NO. _____
[insert case number assigned by Clerk of the Court]

Plaintiff,

Vs.

NON-MILITARY AFFIDAVIT

Defendant.

On this day personally appeared before me, the undersigned authority, _____,
who, after being first duly sworn, says:

Defendant, _____, is known by Affiant not to be in the
military service or any governmental agency or branch subject to the provisions of the Soldiers' and Sailors'
Civil Relief Act.

DATED: _____

Signature of Affiant
Name: _____
Address: _____

Telephone No. _____

Sworn and subscribed before me on _____ [date], by _____
[name], who is personally known to me produced _____
[document] as identification and who took an oath.

NOTARY PUBLIC-STATE OF FLORIDA
Name: _____
Commission No. _____
My Commission Expires: _____

I CERTIFY that I mailed, faxed and mailed, or hand delivered a copy of this motion
and attached affidavit to the Defendant at _____
[insert address at which Tenant was served and fax number if sent by fax].

Name: _____
Address: _____
Fax No. _____

IN THE COUNTY COURT, IN AND FOR ST LUCIE COUNTY, FLORIDA

CASE NO. _____
[insert case number assigned by Clerk of the Court]

Plaintiff,

Vs.

**MOTION FOR DEFAULT FINAL
JUDGMENT – UNLAWFUL DETAINER**

Defendant.

Plaintiff asks the Clerk to enter a default judgment against _____
[name], Defendant(s), for failure to respond as required by law to Plaintiff's Complaint for Eviction.

1. Plaintiff filed a Complaint alleging grounds for unlawful detainer of Defendant.
2. A Default was entered by the Clerk of this Court on _____
[date].

WHEREFORE, Plaintiff asks this Court to enter a Final Judgment for Unlawful Detainer against
Defendant.

Name: _____

Address: _____

Telephone No. _____

cc: _____
[insert name and address of Defendant]

IN THE CIRCUIT/COUNTY COURT OF THE
NINETEENTH JUDICIAL CIRCUIT IN AND FOR ST.
LUCIE COUNTY, FLORIDA

Case no: _____
[insert case number assigned by Clerk of the Circuit Court]

Plaintiff(s),
Vs

Defendant(s),

FINAL JUDGMENT – UNLAWFUL DETAINER

THIS ACTION came before the Court upon Plaintiff's Complaint for Unlawful Detainer. On the evidence presented, and **IT IS ADJUDGED**, that:

1. Judgment for unlawful detainer is hereby granted in favor of Plaintiff(s), _____.
2. Plaintiff(s) or through Plaintiff's agent is to be put into possession of the premises described as follows:

[insert street address of premises including, if applicable, unit number]

3. The Plaintiff(s) is awarded court costs in the amount of \$ _____. The Court may reserve jurisdiction to enter a money judgment against the Defendant(s) in accordance with section §83.625, Florida Statutes, if applicable when proceeding with Count II.
4. At the request of the Plaintiff, the Clerk of the Circuit Court is ordered to issue forthwith a Writ of Possession that shall be valid for thirty (30) days from the date of this judgment.

DONE AND ORDERED in St. Lucie County, Florida on _____.

County Judge

cc: _____
[insert name of Plaintiff]

[insert name of Defendant]

IN THE COUNTY COURT, IN AND FOR ST LUCIE COUNTY, FLORIDA

CASE NO. _____
[insert case number assigned by Clerk of the Court]

Plaintiff,

Vs.

**AFFIDAVIT OF DAMAGES -
UNLAWFUL DETAINER**

Defendant.

*This form **MUST** be mailed to the defendant(s) on the same day that it is filed or it will not be considered.

STATE OF FLORIDA)
COUNTY OF ST. LUCIE)

BEFORE ME, the undersigned authority, personally appeared _____
_____ [name] who being first duly sworn, states as follows:

1. I am the Plaintiff in this case and I am authorized to make this affidavit.
2. The affidavit is based on my own personal knowledge.
3. Defendant owes Plaintiff \$ _____ [amount of other damages] as alleged in the Complaint. Alleged damages are listed below: [itemize amounts due and attach documentation/receipts paid for repairs]

Signature: _____

Printed name: _____

Sworn and subscribed before me on _____ [date], by _____ [name],
who is personally known to me produced _____ [document]
as identification and who took an oath.

NOTARY PUBLIC-STATE OF FLORIDA
or DEPUTY CLERK

Name: _____

Commission No. _____

My Commission Expires: _____

I CERTIFY that I mailed, faxed and mailed, emailed, or hand delivered a copy of this motion and
attached affidavit to the Defendant at _____
[insert address, fax number, or email address at which Tenant was served].

Signature: _____

Printed name: _____

Address: _____

Fax number: _____

Email address: _____



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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