

Complaint for Declaratory Judgment

This packet is designed to help a person represent themselves in Court without the assistance of an attorney. If you have any legal questions, please consult an attorney or Legal Aid.

This packet is to assist you in obtaining a title for a vehicle you own but for which you did not receive a title at the time of purchase. The Court may issue an Order directing the Department of Highway Safety and Motor Vehicles to issue a certificate of title for your vehicle. We do not guarantee that either the instructions or the forms will achieve the desired results by the parties. Any person using these forms and instructions should do so at his or her own risk. Filing Fees are Non-Refundable.

Filing Fee is \$300.00 and Summons Fee is \$10.00 per defendant.

Property must be valued less than \$30,000.00.

Appropriate postage for Certified Mail Return Receipt Requested.

There may be additional fees for Sheriff Service or Publication in the Newspaper.

Before the Court will consider such an Order, you must take the following steps:

STEP ONE

Complaint for Declaratory Judgment and Relief

_____ Complete this form in its entirety, sign and date (attach a Bill of Sale)

Vehicle Identification Number & Odometer Verification

_____ Complete this form

Motor Vehicle, Vessel and Mobile Home Records Request

_____ Complete this form if you need the name & address of the previous owner & submit to local DHSMV

Affidavit Vehicle Title Application

_____ Complete this form

Summons or Notice of Action/Affidavit of Diligent Search for each defendant

_____ Complete this form using instructions within this packet

Motion for Default/Motion for Default Judgment

_____ Complete both forms

***See next page for Step Two**

STEP TWO

- Return to the Clerk's Office with all necessary forms & fees to file your case
- Clerk will issue the Summons or Notice of Action for the Defendant listed
- You will mail a packet to the State of Florida Department of Highway Safety & Motor Vehicles
- Once the days have been completed, please file the appropriate Proof of Publication, if applicable, or contact the Clerk's Office to request the Default be entered or a Notice of Hearing to be set if Defendant(s) filed a response

IN THE COUNTY COURT OF THE FOURTH JUDICIAL CIRCUIT
IN AND FOR NASSAU COUNTY, FLORIDA

Case No.: _____

Plaintiff

Vs.

Defendant

And

STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY AND
MOTOR VEHICLES,
Defendant

COMPLAINT FOR DECLARATORY JUDGMENT

Plaintiff, _____ under penalty of perjury files this complaint seeking a declaratory judgment and other relief pursuant to Chapters 86 and 319, Florida Statutes, and alleges as follows:

1. This is an action requesting declaratory judgment and other relief involving the acquisition of a clear title for a _____.
2. The Plaintiff is a resident of Nassau County, Florida, and the owner of _____ purchased and paid for in Nassau 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 _____, the Plaintiff paid and purchased the above vehicle for the sum of \$ _____.
6. The VIN # is _____.
7. Upon Plaintiff's purchase of the _____, the owner, _____, did not give the Plaintiff the original title.
8. The Plaintiff has taken the following actions to secure legal title:

_____.

9. The Plaintiff has complied with the requirements of the Department of Highway Safety and Motor Vehicles.
10. Plaintiff has contacted the State of Florida Department of Highway Safety and Motor Vehicles and was informed that a court of competent jurisdiction must determine ownership. (Attach copy of letter)
11. The Plaintiff has no alternative but to seek the intervention of this Court and request the Court grant relief in this matter.

WHEREFORE, Plaintiff requests this Court to take immediate jurisdiction in this matter, and

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

B. Enter a declaratory judgment requiring the Department of Highway Safety and Motor Vehicles to issue a duplicate title for :

_____ which is currently in the Possession of the Plaintiff, as expeditiously as possible. This judgment would enable The Plaintiff to comply with the Florida law that requires the registration and licensing of this vehicle.

Dated this _____ day of _____, _____.

Plaintiff's Signature / Address

STATE OF FLORIDA

COUNTY OF _____

Sworn to or affirmed and signed before me on

_____ by _____

Date

Name of Affiant

() Personally Known

() Produced Identification _____

 Notary Signature

 (Print or Stamp Commissioned name of notary)

DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES
DIVISION OF MOTORIST SERVICES
SUBMIT THIS FORM TO YOUR LOCAL TAX COLLECTOR OFFICE
www.flhsmv.gov/offices/

VEHICLE IDENTIFICATION NUMBER AND ODOMETER VERIFICATION

PART A - OWNER'S VEHICLE IDENTIFICATION AFFIDAVIT AND ODOMETER DECLARATION

(Completion of this part requires a physical inspection of the vehicle by the owner)

AFFIDAVIT:

DATE: _____

This is to certify that I, the undersigned, am the lawful owner of the motor vehicle described on this form and that I have, on the date entered above, made a physical inspection of the motor vehicle and have recorded the vehicle identification number and other identification information and the odometer reading and certification in the spaces provided on this form.

VEHICLE IDENTIFICATION (MOTOR NUMBER ALL MAKES THROUGH 1954 - IDENTIFICATION NUMBER 1955 AND LATER)

Vehicle Identification Number	Year	Make	Color	Body	Previous State Vehicle Titled In
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ODOMETER DECLARATION

WARNING: Federal and State law require that you state the mileage in connection with an application for a Certificate of Title. Failure to complete or providing a false statement may result in fines and/or imprisonment.

I/WE STATE THAT THIS 5 OR 6 DIGIT ODOMETER NOW READS , .XX (NO TENTHS) MILES, DATE READ _____/_____/_____ AND I/WE HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THE ODOMETER READING:

1. reflects ACTUAL MILEAGE. 2. is IN EXCESS OF ITS MECHANICAL LIMITS. 3. is NOT THE ACTUAL MILEAGE.

UNDER PENALTY OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.

(Owner's Signature)

(Owner's Printed Name)

PART B – VERIFICATION OF THE VEHICLE IDENTIFICATION NUMBER

This section requires a physical inspection and a verification of the vehicle identification number (VIN) (or the motor number for motor vehicles manufactured prior to 1955) of the motor vehicle described on this form by a Florida Notary Public, Licensed Dealer, Police Officer, or Florida Division of Motorist Services Employee or Tax Collector Employee. If an out-of-state motor vehicle dealer verifies the VIN, the verification must be submitted on their letterhead stationery. Complete this section on all used motor vehicles, including trailers, (with abbreviation of "TL" with a weight of 2,000 pounds or more) not currently titled in Florida.

I, the undersigned, certify that I have physically inspected the above described vehicle and find that the vehicle identification number on the vehicle to be identical to the vehicle identification number recorded on this form.

(Seal)

Date: _____

Commissioned Name of Florida Notary: _____ Notary's Signature: _____
(Print, Type or Stamp)

UNDER PENALTY OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.

If other than a Notary, check the box below that applies and sign and complete the corresponding fields. Verified by:

- Florida Compliance Examiner/Inspector(DMS/TC Employee) Law Enforcement Officer Florida Licensed Dealer

Signature: _____ Printed Name: _____

Florida Compliance Examiner/Inspector Name: _____ Badge or ID #: _____

Law Enforcement Agency Name: _____ LEO Badge #: _____

Florida Dealer Name: _____ Florida Dealer #: _____

◆ **NOTICE: ANY ALTERATION OR ERASURE MAY VOID THIS DOCUMENT** ◆

WHO IS AUTHORIZED TO COMPLETE THIS FORM?

ANY PERSON OR AUTHORIZED AGENT OF ANY PERSON REQUIRED TO MAKE APPLICATION FOR CERTIFICATE OF TITLE AND/OR REGISTRATION.

WHEN SHOULD THIS FORM BE COMPLETED?

ON ALL USED MOTOR VEHICLES, INCLUDING TRAILERS NOT CURRENTLY TITLED IN FLORIDA, WITH A NET WEIGHT OF 2,000 POUNDS OR MORE.

WHEN SHOULD THIS FORM NOT BE COMPLETED?

WHEN CERTIFICATE OF TITLE IS BEING APPLIED FOR ON ONE OF THE FOLLOWING:

1. NEW MOTOR VEHICLE, REGARDLESS OF WHETHER PURCHASED IN FLORIDA OR OUT-OF-STATE
2. MOBILE HOME
3. TRAILER OR SEMITRAILER WITH A NET WEIGHT OF LESS THAN 2,000 POUNDS
4. TRAILER TYPE RECREATIONAL VEHICLE (TRAVEL TRAILERS AND CAMP TRAILERS)

VIN VERIFICATION BY AN OUT OF STATE MOTOR VEHICLE DEALER:

IF THE VEHICLE IDENTIFICATION NUMBER (VIN) IS VERIFIED BY AN OUT-OF-STATE MOTOR VEHICLE DEALER, THE VERIFICATION MUST BE SUBMITTED ON THEIR LETTERHEAD STATIONERY.

Check your local phone book government pages or visit the following website for current mailing addresses:
<http://www.flhsmv.gov/offices/>



DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

DIVISION OF MOTORIST SERVICES

2900 Apalachee Parkway, Room B231, Mail Stop 57
Neil Kirkman Building - Tallahassee, FL 32399

MOTOR VEHICLE, VESSEL AND MOBILE HOME RECORDS REQUEST

FEES ARE REQUIRED AT TIME OF REQUEST AND ARE PAYABLE TO DIVISION OF MOTORIST SERVICES.
PLEASE ALLOW A 2-WEEK PROCESSING TIME FROM THE DATE WE RECEIVE THIS REQUEST.

Requester's Information:

Name of Requester	Date	Reference # (Case/File Name)
Street Address	To receive personal information, indicate the exemption number(s) from list. * If you request your own personal information, see note below.	
City	State	Zip
		Fax Number

Under penalty of perjury, I affirm that I am entitled to receive this information and understand that I may not redisclose this information according to the [Driver Privacy Protection Act](#), except as provided in section 119.0712(2), Florida Statutes.

Signature of Requester or Contact Person	Telephone Number
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**NOTE: If requesting your own personal information you must include your DL/ID or social security number and sign this request.*

Type of Record Request: <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Vessel <input type="checkbox"/> Mobile Home (Records are available up to 10 years)	
<input type="checkbox"/> Certified Record Request (An additional \$3.00 is required per record)	
<i>You may attach a separate sheet for additional requests.</i>	

Current Registration Request - \$.50 Each

VIN/HIN Number	Make	Year	Title Number	License Plate or FL #
<input type="checkbox"/> Current Registered Owner OR <input type="checkbox"/> Owner (as of): Month _____ Day _____ Year _____				

Title Record Request (By Vehicle/Vessel Identification Number or Title Number Only)

VIN/HIN Number	Title Number
<input type="checkbox"/> Title History Printout (lists owner(s) of vehicle) - \$1.00 <input type="checkbox"/> Specific Title Transaction - \$1.00 Per Page _____ (Month, Day and Year)	<input type="checkbox"/> Complete Title History (scanned Images)- \$15.00 We request \$15.00 as initial payment for each record. The fee is \$1 per page. If additional fees are required, we will contact you.

MOTOR VEHICLE RECORD REQUEST BY NAME AND PERSONAL INFORMATION - \$.50 Each

First	Middle	Last	Date of Birth	Driver License/ID number	Social Security #
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<p>Request for Letter(s) of Verification: Examples of this request are for specific information such as make, model or body type of motor vehicle, or address on record for a certain date, etc.</p> <input type="checkbox"/> Letter of Verification - \$1.00 each <input type="checkbox"/> Certified Letter of Verification - \$4.00 each	<p>Identify what information needs to be stated in the letter of verification or what specifically you are requesting. (If additional space is needed you may attach a separate sheet.)</p>
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DRIVER PRIVACY PROTECTION ACT EXEMPTIONS

Pursuant to section 119.0712(2), F. S., personal information in motor vehicle and driver license records can be released for the following purposes, as outlined in 18 United States Code, section 2721.

1. Personal information referred to in subsection (a) shall be disclosed for use in connection with matters of motor vehicle or driver safety and theft, motor vehicle emissions, motor vehicle product alterations, recalls, or advisories, performance monitoring of motor vehicles and dealers by motor vehicle manufacturers, and removal of non-owner records from the original owner records of motor vehicle manufacturers to carry out the purposes of titles I and IV of the Anti Car Theft Act of 1992, the Automobile Information Disclosure Act (15 U.S.C. 1231 et seq.), the Clean Air Act (42 U.S.C. 7401 et seq.), and chapters 301, 305, and 321-331 of title 49, and, subject to subsection.
2. For use by any government agency, including any court or law enforcement agency, in carrying out its functions, or any private person or entity acting on behalf of a Federal, State, or local agency in carrying out its functions.
3. For use in connection with matters of motor vehicle or driver safety and theft; motor vehicle emissions; motor vehicle product alterations, recalls, or advisories; performance monitoring of motor vehicles, motor vehicle parts and dealers; motor vehicle market research activities, including survey research; and removal of non-owner records from the original owner records of motor vehicle manufacturers.
4. For use in the normal course of business by a legitimate business or its agents, employees, or contractors, but only -
 - (a) to verify the accuracy of personal information submitted by the individual to the business or its agents, employees, or contractors; and
 - (b) if such information as so submitted is not correct or is no longer correct, to obtain the correct information, but only for the purposes of preventing fraud by, pursuing legal remedies against, or recovering on a debt or security interest against, the individual.
5. For use in connection with any civil, criminal, administrative, or arbitral proceeding in any Federal, State, or local court or agency or before any self-regulatory body, including the service of process, investigation in anticipation of litigation, and the execution or enforcement of judgments and orders, or pursuant to an order of a Federal, State, or local court.
6. For use in research activities, and for use in producing statistical reports, so long as the personal information is not published, redisclosed, or used to contact individuals.
7. For use by any insurer or insurance support organization, or by a self-insured entity, or its agents, employees, or contractors, in connection with claims investigation activities, antifraud activities, rating or underwriting.
8. For use in providing notice to the owners of towed or impounded vehicles.
9. For use by any licensed private investigative agency or licensed security service for any purpose permitted under this subsection.
10. For use by an employer or its agent or insurer to obtain or verify information relating to a holder of a commercial driver's license that is required under chapter 313 of title 49.
11. For use in connection with the operation of private toll transportation facilities.
12. For any other use in response to requests for individual motor vehicle records if the State has obtained the express consent of the person to whom such personal information pertains.
13. For bulk distribution for surveys, marketing or solicitations if the State has obtained the express consent of the person to whom such personal information pertains.
14. For use by any requester, if the requester demonstrates it has obtained the written consent of the individual to whom the information pertains.
15. For any other use specifically authorized under the law of the State that holds the record, if such use is related to the operation of a motor vehicle or public safety.

If you have questions or need additional information, please contact the Department's Customer Service Center at (850) 617-2000.

Visit our website: www.flhsmv.gov

IN THE COUNTY COURT FOURTH JUDICIAL CIRCUIT IN
AND FOR NASSAU COUNTY, FLORIDA

CASE _____

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 (VIN) _____
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 _____
Date _____ Name of Affiant _____

Personally Known
 Produced Identification
Type of Identification Produced:

NOTARY PUBLIC SIGNATURE

_____ Print or stamp commissioned name of notary

In the Circuit Court of the Fourth Judicial Circuit
Of Florida, In and For Nassau County, Florida
Civil Action

Plaintiff,
vs

Case No _____

Defendant,

State of Florida
Department of Highway Safety and
Motor Vehicles,
Defendant

Summons:
Personal Service on a natural person

State of Florida

To Defendants(s) _____

IMPORTANT

A lawsuit has been filed against you. You have 20 calendar days after this summons is served on you to file a written response to the attached Complaint with the Clerk of this Court. A phone call will not protect you. Your written response, including the case number given above and the names of the parties, must be filed if you want the Court to hear your side of the case. If you do not file your response on time, you may lose the case, and your wages, money, and property may thereafter be taken without further warning from the Court. There are other legal requirements. You may want to call an attorney right away. If you do not know an attorney, you may call an attorney referral service or a legal aid office (listed in the phone book). If you choose to file a written response yourself, at the same time you file your written response to the Court you must also mail or take a copy of your written response to the "Plaintiff/Plaintiff's Attorney named below.

Plaintiff/Plaintiff's Attorney

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-named Defendant.

Dated on _____, 20



John A. Crawford
Clerk of Circuit Court

By _____
As Deputy Clerk

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 at (904) 548-4600 press 0, 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.

IMPORTANTE

Usted ha sido demandado legalmente. Tiene veinte (20) días, contados a partir del recibo de esta notificación, para contestar la demanda adjunta, por escrito, y presentarla ante este tribunal. Una llamada telefónica no lo protegerá; si usted desea que el tribunal considere su defensa, debe presentar su respuesta por escrito, incluyendo el número del caso y los nombres de las partes interesadas en dicho caso. Si usted no contesta la demanda a tiempo, pudiese perder el caso y podría ser despojado de sus ingresos y propiedades, o privado de sus derechos, sin previo aviso del tribunal. Existen otros requisitos legales. Si lo desea, puede usted consultar a un abogado inmediatamente. Si no conoce a un abogado, puede llamar a una de las oficinas de asistencia legal que aparecen en la guía telefónica.

Si desea responder a la demanda por su cuenta, al mismo tiempo en que presenta su respuesta ante el tribunal, deberá usted enviar por correo o entregar una copia de su respuesta a la persona denominada abajo como "Plaintiff/Plaintiff's Attorney." (Demandante o Abogado del Demandante).

IMPORTANT

Des poursuites judiciaires ont été entreprises contre vous. Vous avez 20 jours consécutifs à partir de la date de l'assignation de cette citation pour déposer une réponse écrite à la plainte ci-jointe auprès de ce Tribunal. Un simple coup de téléphone est insuffisant pour vous protéger; vous êtes obligé de déposer votre réponse écrite, avec mention du numéro de dossier ci-dessus et du nom des parties nommées ici, si vous souhaitez que le Tribunal entende votre cause. Si vous ne déposez pas votre réponse écrite dans le délai requis, vous risquez de perdre la cause ainsi que votre salaire, votre argent, et vos biens peuvent être saisis par la suite, sans aucun préavis ultérieur du Tribunal. Il y a d'autres obligations juridiques et vous pouvez requérir les services immédiats d'un avocat. Si vous ne connaissez pas d'avocat, vous pourriez téléphoner à un service de référence d'avocats ou à un bureau d'assistance juridique (figurant à l'annuaire de téléphones).

Si vous choisissez de déposer vous-même une réponse écrite, il vous faudra également, en même temps que cette formalité, faire parvenir ou expédier une copie au carbone ou une photocopie de votre réponse écrite au "Plaintiff/Plaintiff's Attorney" (Plaignant ou à son avocat) nommé ci-dessous.

INSTRUCTIONS FOR NOTICE OF ACTION/ AFFIDAVIT OF DILIGENT SEARCH

When the Defendant is Unable to be served: If the plaintiff does not have a good address for service or if attempts for service were unsuccessful, you may serve the Defendant by publication in the local newspaper. The following forms are necessary:

AFFIDAVIT OF DILIGENT SEARCH

_____ Complete this form. Check all actions that were attempted. **THIS FORM MUST BE NOTARIZED. THE CLERK'S OFFICE CHARGES FOR THIS SERVICE.**

NOTICE OF ACTION

_____ Complete this form. The clerk to sign and seal the document when it is filed. This document must be taken a Nassau County newspaper for publication. It must run in the paper once a week for 4 consecutive weeks (four publications being sufficient). The Newspaper will charge you a fee.

The newspaper will provide you with a notarized affidavit of proof that the document was published according to Florida Statutes. This document must be filed with the Clerk.

In the County Court, Fourth
Judicial Circuit, In and for
Nassau County, Florida

Case No: _____

Plaintiff(s)

VS.

Defendant(s)

And

State of Florida
Department of Highway Safety and
Motor Vehicles,
Defendant

Notice of Action

TO: _____

YOU ARE HEREBY NOTIFIED that a Complaint for Declaratory Judgment has been filed and you are required to serve a copy of your written defenses, if any, to it on Plaintiff, whose name and address is _____ within 30 days from the date of first publication and file the original with the Clerk of this Court either before service on Plaintiff or immediately thereafter; otherwise a Default judgment will be entered for the relief demanded in the Complaint.

WITNESS my hand and the seal of the Court on _____, 20_____.



John A. Crawford
Clerk of Circuit Court

BY: _____
Deputy Clerk

IN THE COUNTY COURT, FOURTH JUDICIAL CIRCUIT
IN AND FOR NASSAU COUNTY, FLORIDA

IN RE: THE MATTER OF

CASE NO.: _____

AFFIDAVIT OF DILIGENT SEARCH AND INQUIRY

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

1. I have made a diligent search and inquiry to discover the name and current residence of _____.

Specify details of search. Identify all action 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 actions taken)

- United States Post Office inquiry through Freedom of Information Act, current address or any relocation.
- Last known employment of prior owner, including name and address of employer.

- Regulatory agencies, including professional or occupational licensing.
- Name and address of relatives and contacts with those relatives, and inquiry as to prior owner's last known address. (You are to follow any leads of any addresses where prior owner may have moved. Relatives included but are not limited to parents, brothers, sisters, aunts, uncles, cousins, nieces, nephews, grandparents, great-grandparents, former in-laws, stepparents, stepchildren.

- Information about prior owner's possible death, and if deceased, the date and location of the death.

- Telephone listings in the last known locations of prior owner's residence.
- Internet searches such as people finder
- Law enforcement arrest and/or criminal records in the last known residential area of prior owner.

- Highway Patrol records in the State of prior owner's last known address.
- Department of Motor Vehicles records in the state of prior owner's last known address.
- Department of Corrections records in the state of prior owner's last known address.
- Hospitals in the last known area of prior owner's residence.
- Utility companies, which include water, sewer, cable, TV and electric in the last known, area of prior owner's residence.
- Tax Assessor's and Property Records at Tax Collector's Office in the area where prior owner last resided.
- Other (explain): _____

2. The age of prior owner is (check only one): known(enter age)_____ unknown

3. Prior owner's current residence (check only one)

- Prior owner's current residence is unknown to me.
- Prior owner's current residence is in a state or country other than Florida, and prior owners last known address is _____.

Under penalties of perjury, I declare that I have read the foregoing document and that the facts stated in it are true.

Dated: _____

Signature of Affiant _____

Printed name of Affiant: _____

Address of Affiant: _____
(Street Address)

_____ (Address including City, State, Zip)

Telephone Number _____

STATE OF FLORIDA
 COUNTY OF _____

Sworn to or affirmed and signed before on _____
 by _____
(Date) (Name of Affiant)

(NOTARY PUBLIC Signature)

(Print or stamp commissioned name of notary)

- Personally Known
- Produced identification
 Type of identification produced _____

IN THE COUNTY COURT, IN AND FOR
NASSAU COUNTY, FLORIDA

CASE NO. _____

Plaintiff,

vs.

Defendant.

MOTION FOR CLERK'S DEFAULT

Plaintiff asks the Clerk to enter a default against _____ ,
Defendant, for failing to respond as required by law to Plaintiff's Complaint.

Name: _____

Address: _____

Telephone No. _____

DEFAULT

A default is entered in this action against the Defendant for failure to respond as
required by law.

DATE: _____



John A. Crawford
CLERK OF THE COURT

By: _____
Deputy Clerk

Cc: _____

Plaintiff

Defendant

IN THE COUNTY COURT OF THE FOURTH JUDICIAL CIRCUIT
IN AND FOR NASSAU COUNTY, FLORIDA

Plaintiff

CASE NO. _____

vs.

Defendant

MOTION FOR DEFAULT FINAL JUDGMENT

Plaintiff asks the Court to enter a Default Final Judgment for Declaratory Judgment against _____, Defendant, and says:

1. Plaintiff filed a Complaint for Declaratory Judgment against the Defendant.
2. Defendant has failed to timely file an answer and a Default has been entered by the Clerk of this Court.
3. Plaintiff has filed all required Affidavits.

WHEREFORE, Plaintiff asks this Court to enter a Default Final Judgment for Declaratory Judgment against Defendant.

I CERTIFY that I _____ mailed, _____ faxed and mailed, or _____ hand delivered a copy of this motion to the Defendant at _____.

Name: _____
Address: _____
Telephone Number: _____

IN THE COUNTY COURT, FOURTH JUDICIAL CIRCUIT
IN AND FOR NASSAU COUNTY, FLORIDA

Plaintiff

Case No.: _____

Vs.

Defendant

And

State of Florida
Department of Highway Safety and Motor
Vehicles,

DECLARATORY JUDGMENT GRANTING VEHICLE OWNERSHIP

THIS CAUSE coming on to be considered before this Court, and the defendants having been properly served, 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: _____

MAKE: _____ MODEL: _____

VIN: _____

is \$ _____ 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 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 of a certified copy thereof, and all applicable fees and charges.

DONE AND ORDERED in chambers at Fernandina Beach, Nassau County, Florida this
_____ day of _____ in the year _____.

COUNTY JUDGE