

**IN THE COUNTY COURT, IN AND FOR SUMTER COUNTY, FLORIDA**

\_\_\_\_\_  
Plaintiff/Landlord

CASE NO. \_\_\_\_\_

Vs.

**AFFIDAVIT OF DAMAGES**

\_\_\_\_\_  
Defendant/Tenant  
\_\_\_\_\_ /

STATE OF FLORIDA                    )  
COUNTY OF SUMTER                )

BEFORE ME, the undersigned authority, personally appeared \_\_\_\_\_,  
who being first duly sworn, states as follows:

1. I am (  ) the Plaintiff or (  ) the Plaintiff's agent (check appropriate response) in this case and am authorized to make this affidavit.
2. This affidavit is based on my own personal knowledge.
3. Defendant has possession of the property which is the subject of this eviction under an agreement to pay rent of \$ \_\_\_\_\_ per \_\_\_\_\_.  
(rental amount)      (week, month, or other payment period)
4. Defendant has not paid the rent due since \_\_\_\_\_.  
(date of payment Tenant has failed to make)
5. Defendant owes Plaintiff \$ \_\_\_\_\_ (past due rent amount) as alleged in the Complaint plus interest..
6. Defendant owes Plaintiff \$ \_\_\_\_\_ (amount of accrued rent) and/or physical damages \$ \_\_\_\_\_ (amount of damages) as evidenced on the attached affidavits and/or invoices since the filing of the Complaint.

\_\_\_\_\_  
Landlord Signature

\_\_\_\_\_  
Landlord Printed Name

Sworn and subscribed before me on \_\_\_\_\_, by \_\_\_\_\_  
\_\_\_\_\_, who \_\_\_\_\_ is personally known to me \_\_\_produced \_\_\_\_\_ 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 affidavit  
and attachments to the Defendant at \_\_\_\_\_  
(insert address at which tenant was served and fax number if sent by fax) on the \_\_\_\_\_, 20\_\_.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone No. \_\_\_\_\_

Approved for use under 10.2.1(a)  
the Rules Regulating The Florida Bar

The Florida Bar

This form was completed with the assistance of:

Name:  
Address:  
Telephone Number: