

FORM 5

COMPLAINT FOR LANDLORD TO EVICT TENANTS

INSTRUCTIONS

Form 5 should be used if only eviction of the Tenant is sought. Form 5A should be used to evict the Tenant and recover damages (past due rent).

FORM NOTES ARE FOR INFORMATIONAL PURPOSES ONLY AND MAY NOT COMPLETELY DESCRIBE REQUIREMENTS OF FLORIDA LAW. YOU SHOULD CONSULT AN ATTORNEY AS NEEDED.

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

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

vs.

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

Case Number \_\_\_\_\_

COMPLAINT TO EVICT TENANT

The Plaintiff sues the Defendant and alleges:

1. This is an action to evict a Tenant from real property in Citrus County, Florida.
2. Plaintiff is the owner (agent for the owner) of the following described real property in Citrus County, Florida

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Insert legal description or complete address of rental property including, if applicable, unit number, city, state and zip code)

3. Defendant has possession of the property under an oral/written agreement to pay rent of \$\_\_\_\_\_ payable weekly/monthly/etc. **A COPY OF THE WRITTEN AGREEMENT, IF ANY, IS ATTACHED AS EXHIBIT "A".**  
(Circle one)
4. Defendant failed to pay the rent due \_\_\_\_\_, 20\_\_.
5. Plaintiff served Defendant with a notice on \_\_\_\_\_, 20\_\_\_\_, to pay the rent or deliver possession, but Defendant refuses to do either. A copy of the notice is attached as Exhibit "B".

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

\_\_\_\_\_  
Signature of Plaintiff/Landlord

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Telephone Number

IN THE CIRCUIT/COUNTY COURT OF THE \_\_\_\_\_ JUDICIAL CIRCUIT, IN AND FOR  
\_\_\_\_\_ COUNTY, FLORIDA

Case No.: \_\_\_\_\_

Division: \_\_\_\_\_

\_\_\_\_\_,  
Plaintiff,

and

\_\_\_\_\_,  
Defendant,

### DESIGNATION OF CURRENT MAILING AND E-MAIL ADDRESS

I, *{full legal name}* \_\_\_\_\_, being sworn, certify that  
my current mailing address is: *{Street}* \_\_\_\_\_  
*{City}* \_\_\_\_\_, *{State}* \_\_\_\_\_, *{Zip}* \_\_\_\_\_  
*{Telephone No.}* \_\_\_\_\_ *{Fax No.}* \_\_\_\_\_

I designate as my current e-mail address(es): \_\_\_\_\_

**I understand that I must keep the clerk's office and the opposing party or parties notified of my current mailing and e-mail address(es) and that all future papers in this lawsuit will be served at the address(es) on record at the clerk's office.**

I certify that a copy of this document was ( ) e-mailed ( ) mailed ( ) faxed ( ) hand-delivered to the person(s) listed below on *{date}* \_\_\_\_\_.

**Other party or his/her attorney:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Designated E-mail Address(es): \_\_\_\_\_

\_\_\_\_\_

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Plaintiff

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_

Sworn to or affirmed and signed before me on \_\_\_\_\_ by \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC OR DEPUTY CLERK

\_\_\_\_\_  
{ Print, type, or stamp commissioned name of  
notary or clerk }

\_\_\_\_\_ Personally Known

\_\_\_\_\_ Produced identification

\_\_\_\_\_ Type of identification produced \_\_\_\_\_

**IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW:**

[fill in all blanks] This form was prepared for the: {choose only **one**} ( ) Petitioner ( ) Respondent This form was completed with the assistance of:

{name of individual} \_\_\_\_\_,

{name of business} \_\_\_\_\_,

{address} \_\_\_\_\_,

{city} \_\_\_\_\_, {state} \_\_\_\_\_, {zip code} \_\_\_\_\_, {telephone number} \_\_\_\_\_