

# COMPLAINT FOR DECLARATORY JUDGMENT

---

THIS PACKET IS DESIGNED TO HELP PERSONS SEEKING TO REPRESENT THEMSELVES IN COURT WITHOUT THE ASSISTANCE OF AN ATTORNEY. IT IS MEANT TO SERVE AS A GUIDE ONLY.

WE DO NOT GUARANTEE THAT EITHER THE INSTRUCTIONS OR THE FORMS WILL ACHIEVE THE RESULT DESIRED BY THE PARTIES OR ENSURE THAT ANY INDIVIDUAL JUDGE WILL FOLLOW THE PROCEDURE EXACTLY OR ACCEPT EACH AND EVERY FORM DRAFTED. ANY PERSON USING THESE INSTRUCTIONS AND FORMS DO SO AT HIS OR HER OWN RISK. FILING FEES ARE NON-REFUNDABLE

**\*\*PLEASE NOTE\*\***

FLORIDA LAW PREVENTS OUR STAFF FROM PROVIDING LEGAL ADVICE

**FILING FEE:**

Under \$100	\$55.00
\$101-\$500	\$80.00
\$501-\$2,500	\$175.00
\$2,501-14,999	\$300.00

SUMMONS FEE IS \$10.00 PER SUMMONS

3% SERVICE CHARGE WILL BE ADDED WHEN USING CREDIT CARDS

IN ADDITION TO THE ABOVE STATED FILING FEE AND SUMMONS FEE, A FEE WILL BE REQUIRED TO SERVE EACH DEFENDANT. THE SHERIFF OF WASHINGTON COUNTY CHARGES \$40.00 FOR EACH DEFENDANT SERVED.

READ ALL INFORMATION AND INSTRUCTIONS BEFORE COMPLETING THE FORMS AND SUBMITTING THEM FOR FILING.

DOCUMENTS MUST BE LEGIBLE, TYPE WRITTEN OR LEGIBLY HANDWRITTEN IN BLACK OR BLUE INK.

FOR FURTHER INFORMATION CONTACT CLERK OF COURT OFFICE (850) 638-6285 EXT. 246

IF YOU HAVE LEGAL QUESTIONS, PLEASE CONSULT WITH AN ATTORNEY OR LEGAL AID

# FILING CHECKLIST

---

## STEP ONE (FILE YOUR CASE)

### COMPLAINT FOR DECLARATORY JUDGMENT AND RELIEF

- \_\_\_\_\_ Complete this form in its entirety, signing and dating as well
- \_\_\_\_\_ Attach a copy of your Bill of Sale
- \_\_\_\_\_ Attach a copy of documentation from Department of Highway Safety and Motor Vehicles (Tax Collector) showing the owner's name and last known address
- \_\_\_\_\_ Attach any other documentation proving your ownership
- \_\_\_\_\_ Make (3) three copies of all the documents listed above

### SUMMONS FOR PERSONAL SERVICE

- \_\_\_\_\_ Complete this form

### AFFIDAVIT VEHICLE TITLE APPLICATION

- \_\_\_\_\_ Complete this form

### VEHICLE IDENTIFICATION NUMBER AND ODOMETER VERIFICATION

- \_\_\_\_\_ Complete this form

## STEP TWO (SERVE THE DEFENDANT)

The Clerk will provide you with the necessary copies to deliver to the Washington County Sheriff's Office and the copy to mail to the Department of Highway Safety & Motor Vehicles (Tax Collector).

Defendant has 20 calendar days to file his/her written defenses to the Complaint

**If the Defendant DID NOT Respond BUT did get served:**

### MOTION FOR CLERK'S DEFAULT

- \_\_\_\_\_ Fill in the names of the Plaintiff and Defendant. Sign and print name, address & phone number or email address

### MOTION FOR DEFAULT JUDGMENT

- \_\_\_\_\_ Fill in the names of the Plaintiff and Defendant. Sign and print name, address & phone number or email address

**If the Defendant DID Respond:**

The Judge will set a Hearing

If the Defendant is **UNABLE to be served**: If attempts to serve the Defendant 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 \$10.00 FOR THIS SERVICE

**NOTICE OF ACTION**

\_\_\_\_\_ Complete this form. The clerk will sign and seal the document when it is filed. This document must be taken to Washington County News for publication. It must run in the paper once a week for four consecutive weeks. 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 the Florida Statutes. This document must be filed with the Clerk.

Along with the affidavit from the newspaper, you will need the following documents.

**MOTION FOR CLERK'S DEFAULT**

\_\_\_\_\_ Fill in the names of the Plaintiff and Defendant. Sign and print name, address & phone number

**MOTION FOR DEFAULT JUDGMENT**

\_\_\_\_\_ Fill in the names of the Plaintiff and Defendant. Sign and print name, address & phone number

The Clerk will submit the forms above to the assigned Judge for review.

IN THE COUNTY COURT OF THE FOURTEENTH JUDICIAL CIRCUIT  
IN AND FOR WASHINGTON COUNTY FLORIDA

\_\_\_\_\_  
Plaintiff

CASE NO.:67-

\_\_\_\_\_  
Defendant

**COMPLAINT FOR DECLARATORY JUDGMENT**

Plaintiff, \_\_\_\_\_, files this complaint seeking a declaratory judgment and other relief pursuant to Sections 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 \_\_\_\_\_ County, Florida, and the owner of \_\_\_\_\_, purchased and paid for in \_\_\_\_\_, 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 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 the requirements of the Department of Highway Safety and Motor Vehicles.
10. 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 the 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

\_\_\_\_\_  
Plaintiff's Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number & Email Address

I hereby certify that a copy of the above has been furnished by regular mail to State of Florida Department of Highway Safety and Motor Vehicles, 2900 Apalachee Parkway, Tallahassee, FL. 32399, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Plaintiff's Signature

STATE OF FLORIDA  
COUNTY OF WASHINGTON  
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 COUNTY COURT  
IN AND FOR WASHINGTON COUNTY, FLORIDA

Case No. 67-

\_\_\_\_\_  
Plaintiff

-vs-

\_\_\_\_\_  
Defendant

**SUMMONS FOR PERSONAL SERVICE ON INDIVIDUAL**

**TO: DEFENDANT**

**FROM: PLAINTIFF**

CHIPLEY, FL 32428

CHIPLEY, FL 32428

**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 the Court.**

A telephone 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, if you do not know an attorney you can call an attorney referral service or 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 to take a copy of your written response to the Plaintiff named above**

**To 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:**

**LORA C. BELL  
Clerk of Court**

BY: \_\_\_\_\_  
As Deputy Clerk

IN THE COUNTY COURT, FOURTEENTH JUDICIAL CIRCUIT  
IN AND FOR WASHINGTON, COUNTY, FLORIDA

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

AFFIANT:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

VEHICLE INFORMATION:

YEAR: \_\_\_\_\_ MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ BODY: \_\_\_\_\_

VEHICLE IDENTIFICATION NUMBER (VIN): \_\_\_\_\_

PURCHASE PRICE: \$ \_\_\_\_\_ VALUE, \$ \_\_\_\_\_ DATE OF PURCHASE: \_\_\_\_\_

AMOUNT OWED ON VEHICLE \$ \_\_\_\_\_

PURCHASED FROM: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP \_\_\_\_\_

I did not receive title at the time of purchase because: \_\_\_\_\_

I cannot receive title at this time because: \_\_\_\_\_

I have conducted a diligent search in accordance with the attached Affidavit of Diligent Search.

\*\*I have attached a letter from my county's Sheriff's Office, dated not more than 30 days from today's date, confirming this vehicle has not been reported stolen.

Date: \_\_\_\_\_ Signature of Affiant: \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF WASHINGTON

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

( ) Personally Known ( ) Produce Identification: Type of ID \_\_\_\_\_

\_\_\_\_\_  
Notary Public Signature



DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES  
 DIVISION OF MOTORIST SERVICES  
 2900 Apalachee Parkway, Room B231, Mail Stop 91  
 Neil Kirkman Building - Tallahassee, FL 32309

**MOTOR VEHICLE, VESSEL AND MOBILE HOME RECORDS REQUEST**

FEEES 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 npte below.	Email Address
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
--	------------------

\*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:  Motor Vehicle  Vessel  Mobile Home (Records are available up to 10 years)

Certified Record Request (An additional \$3.00 is required per record)

*You may attach a separate sheet for additional requests.*

**Current Registration Request - \$.50 Each**

VINHIN 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)**

VINHIN Number	Title Number
<input type="checkbox"/> Title History Printout (lists owner(s) of vehicle) - \$1.00	<input type="checkbox"/> Complete Title History (scanned Images)- \$15.00
<input type="checkbox"/> Specific Title Transaction - \$1.00 Per Page	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.
_____ (Month, Day and Year)	

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

First	Middle	Last	Date of Birth	Driver License/ID number	Social Security #
-------	--------	------	---------------	--------------------------	-------------------

<p><b>Request for Letter(s) of Verification:</b>          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> <p><input type="checkbox"/> Letter of Verification - \$1.00 each</p> <p><input type="checkbox"/> Certified Letter of Verification - \$4.00 each</p>	<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>
--	---



IN THE COUNTY COURT OF THE FOURTEENTH JUDICIAL CIRCUIT  
IN AND FOR WASHINGTON COUNTY FLORIDA

Case No. 67-

\_\_\_\_\_  
Plaintiff

-VS-

\_\_\_\_\_  
Defendant

**MOTION FOR CLERK'S DEFAULT**

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

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

\_\_\_\_\_  
Plaintiff's Signature

\_\_\_\_\_  
Plaintiff's Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number & Email Address

**DEFAULT**

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

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

LORA C. BELL  
Clerk of Court, Washington County

By: \_\_\_\_\_  
Deputy Clerk

IN THE COUNTY COURT OF THE FOURTEENTH JUDICIAL CIRCUIT  
IN AND FOR WASHINGTON COUNTY FLORIDA

Case no. 67-

\_\_\_\_\_  
Plaintiff

-Vs-

\_\_\_\_\_  
Defendant

**MOTION FOR DEFAULT JUDGMENT**

Plaintiff asks the Court to enter a Default Final Judgment against Defendant(s) for Declaratory Judgment and says:

1. Plaintiff(s) filed a Complaint for Declaratory Judgment against Defendant(s).
2. Defendant(s) has failed to timely file an answer, and a default has been entered by the Clerk of this Court.

WHEREFORE, Plaintiff(s) asks this Court to enter Default Final Judgment for Declaratory Judgment against the Defendant(s).

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

\_\_\_\_\_  
Plaintiff's Signature

\_\_\_\_\_  
Plaintiff's Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number & Email Address

IN THE COUNTY COURT, FOURTEENTH JUDICIAL CIRCUIT IN  
AND FOR WASHINGTON COUNTY, FLORIDA

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

AFFIDAVIT OF DILIGENT SEARCH AND INQUIRY

I, (full 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 WASHINGTON

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 OF THE FOURTEENTH JUDICIAL CIRCUIT  
IN AND FOR WASHINGTON COUNTY FLORIDA

Case No. 67-

\_\_\_\_\_  
Plaintiff

-Vs-

\_\_\_\_\_  
Defendant

**NOTICE OF ACTION**

TO:

DEFENDANT: \_\_\_\_\_

You are notified that an action for declaratory judgment has been filed against you and you are required to serve a copy of your written defenses, if any, on the Plaintiff, whose address is: \_\_\_\_\_ within 30 days from 1<sup>st</sup> publication of this notice, otherwise a default will be entered against you for the relief demanded in the Complaint.

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

LORA C. BELL  
Clerk of Court, Washington County

by: \_\_\_\_\_  
Deputy Clerk

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

**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.

Date: \_\_\_\_\_

(Seal)

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 ◆