

**IN THE COUNTY COURT, SUMMARY CLAIMS DIVISION,
IN AND FOR MARION COUNTY, FLORIDA**

CASE NO. _____

PLAINTIFF

VS

DEFENDANT

AFFIDAVIT OF AMOUNT DUE

I, _____, (Plaintiff/Agent or Officer of Plaintiff) in
the above action, state that the true and correct amount owed by the defendant in this cause is
\$ _____, plus interest of \$ _____ and \$ _____ for court costs.

Plaintiff

STATE OF FLORIDA
COUNTY OF _____

Sworn to (or affirmed) and subscribed before me by means of physical presence or online
notarization, this _____ day of _____, 20__ by _____.

Signature and Title of Notary Public or Deputy
Clerk

(Print, type, or stamp commissioned name of
Notary Public)

Personally Known **OR** Produced Identification

Type of Identification Produced: _____