

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

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

\_\_\_\_\_  
PLAINTIFF(S),

VS.

**AFFIDAVIT AS TO DEFENDANT'S DEFAULT  
IN STIPULATION OF PAYMENT**

\_\_\_\_\_  
DEFENDANT(S).

STATE OF FLORIDA

COUNTY OF SEMINOLE:

The undersigned, being duly sworn, deposes and says as follows:

1. That he/she/they is/are PLAINTIFF, AGENT FOR PLAINTIFF, ATTORNEY FOR PLAINTIFF (CIRCLE ONE) in the above styled case in the County Court of Seminole County, Florida.
2. That said Defendant(s) has/have failed to make payment of money due said Plaintiff(s) in the manner provided for in the Stipulation previously filed in this cause.
3. That said Stipulation provided for the payment of damages in the amount of \$ \_\_\_\_\_, and costs in the amount of \$ \_\_\_\_\_, interest of \$ \_\_\_\_\_, and attorneys' fees of \$ \_\_\_\_\_, and, of that sum, \$ \_\_\_\_\_ has been paid LEAVING A BALANCE OF \$ \_\_\_\_\_ NOW PAST DUE AND UNPAID.
4. That the Plaintiff(s) move the Court for the entry of a Final Judgment in favor of the Plaintiff(s) in the above styled case. And further the undersigned sayeth not.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY - STATE - ZIP CODE

\_\_\_\_\_  
(AREA CODE) TELEPHONE NUMBER

\_\_\_\_\_  
EMAIL ADDRESS

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

\_\_\_\_\_  
NOTARY PUBLIC/DEPUTY CLERK

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

\_\_\_\_\_  
Produced Identification

Type of Identification Produced: \_\_\_\_\_

\_\_\_\_\_  
NAME OF NOTARY (typed, printed or stamped)