

Manda pou Posesyon



Legal Services of Greater Miami, Inc.

Projé Sou Dwa Lokaté

Renters' Education and Advocacy Legal Lines (REAL)

<https://sites.google.com/site/reallsgmi>

www.lsgmi.org

KISA YON MANDA POU POSESYON YE?

Yon Manda pou Posesyon se yon « avi 24 trèdtan ». Se yon lòd lajistis ki di pou Cherif la mete w deyò ak tout sa ou posede ak tout moun ki lakay ou tou. Peryòd 24 trèdtan sa kòmanse lè yo kole Manda pou Posesyon an sou pòt kay ou a.

Si lè Cherif la tounen, ou pa deplase nèt, Cherif la ap deplase w, fanmi w ak tout bagay ki pou ou nan kay la. Cherif la ap mete w deyò menm si gen moun ki malad, moun ansent, oubyen yon lòt bon rezon kifè ou panse ou pa dwe deplase kite lakay ou.

KILÈ CHERIF AP RETOUNEN?

Jeneralman, Cherif la pap retounen nan 24 trèdtan, sòf si se ta pwopriyete a te ekspedye (pou pi rapid) Manda pou Posesyon an. Si ou vle gen yon lide sou kilè Cherif la ap retounen pou l mete w deyò, rele sèvis Cherif la nan : **(305)-375-5100**. Di yo gen Manda pou Posesyon ki kole sou pòt lakay ou a. Prepare w pou bayo nimewo ka ou a. Kèk fwa, Cherif la ka bay ou yon estimasyon sou ki lè cherif la ap retounen pou fè w deplase, men, anpil fwa, yo pap ka fè l konsa.

KISA M KA FÈ POU M BLOKE CHERIF LA?

Si ou gen yon bon rezon ki fè cherif la pa ta dwe mete w deyò nan kay la, ou ta dwe fè yon dosye « Mosyon AnIjans pou Kanpe Manda pou Posesyon an ak Rekizisyon pou yon Odyans ». Sa se yon demand pou Jij la fè cherif pa mete w deyò.

KISA KI DWE NAN MOSYON IJANS LAN?

Mosyon Ijans lan dwe di 4 bagay:

1. Rezon ki fè cherif la pa ta dwe mete w deyò. Kèk rezon kapab:
 - Ou pat janm resevwa okenn kopi papye pou degèpi a oswa dokiman la jistis sof Manda pou Posesyon an.
 - Ou bezwen yon ti tan anplis pou deplase paske gen yon moun ki malad nan kay la oubyen yon moun ki enfim.
 - Ou te peye pwopriyete a aprè yo te fin monte dosye degèpi a epi pwopriyete a te di w ou ka rete nan kay la.
2. Yon demand pou Jij la fè cherif la pa mete w deyò.
3. Yon demand pou Jij la tande w pou w ka dil fas a fas poukisa yo pa ta dwe mete w deyò.
4. Nenpòt prev ki ka sipòte demand ou a (pa ekzanp resi ki montre ou peye).

Ou dwe voye pa faks oubyen bay li ak pwòp men pa w yon kopi Mosyon bay avoka pwopriyete a ou bay pwopriyete a menm si li pa gen avoka. W ap ekri nan Mosyon an jan ou te voye l la.

POU W PA PEYE FRÈ APLIKASYON AN

Genyen yon frè \$25.00 or \$50.00 pou fè Mosyon Ijans pou Elimine Manda pou Posesyon an. Sa depann de konbyen lajan pwopriyete a te mande w. Men, genyen yon “Aplikasyon pou Detèmine Estavi Sivil yon Endijan” ki ekate frè a pou moun ki gen salè ki ba anpil.

KIJAN POU M FÈ YON MOSYON ANNIJANS POU RETIRE MANDA POSESYON EPI MANDE POU YON ODYANS?

Menm kote yo kole Manda pou Posesyon an nan pòt kay ou ya, ou dwe byen vit fè Mosyon Ijans lan. Depoze mosyon an ak Komi Tribinal la nan tribinal kote ka a te klase a. Si ou pa konnen ki Jij ki sou ka pa w la oubyen nan ki tribinal pou ale, rele tribinal la nan (305)275-1155. Epi, pote yon kopi mosyon an bay nan Sal Jij la. Sèl moun ki ka anpeche Cherif la mete w deyò nan kay la se Jij ki te bay lòd pou pibliye Manda pou Posesyon an.

KISA POU M FÈ SI JIJ LA DAKÒ AVÈ M EPI LI AKÒDE MOSYON AN?

Mande Komi tribinal la oubyen asistan jidisyè jij la pou li voye pa faks yon kopi lòd ki aksepte mosyon ou a bay cherif la. Sa ap anpeche cherif la retounen pou l vin mete w deyò lakay ou. Epi tou, asire w ke ou genyen yon kopi lòd avèk ou lakay ou.

Li posib anpil pou Jij la mande w ale nan medyasyon oubyen pran yon lòt randevou pou l tande w. Si Jij la mande w pou fè yon depo lwaye avèk tribinal la, ou dwe fè li nan dat limit yo ba w la.



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Passionately Committed to Equal Justice

Se Legal Services of Greater Miami, Inc. ki prepare dokiman sa yo e dokiman sa yo pa gen dwa repwodui oswa distribye pazavan LSGMI bay yon otorizasyon a lekri.

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

CASE NO. _____

Plaintiff/Petitioner or In the Interest Of
vs.

Defendant/Respondent

APPLICATION FOR DETERMINATION OF CIVIL INDIGENT STATUS

Notice to Applicant: If you qualify for civil indigence you must enroll in the clerk's office payment plan and pay a one-time administrative fee of \$25.00. This fee shall not be charged for Dependency or Chapter 39 Termination of Parental Rights actions.

1. I have _____ dependents. (Include only those persons you list on your U.S. Income tax return.)
Are you Married? Yes No Does your Spouse Work? Yes No Annual Spouse Income? \$ _____

2. I have a net income of \$ _____ paid weekly every two weeks semi-monthly monthly yearly other _____
(Net income is your total income including salary, wages, bonuses, commissions, allowances, overtime, tips and similar payments, minus deductions required by law and other court-ordered payments such as child support.)

3. I have other income paid weekly every two weeks semi-monthly monthly yearly other _____
(Circle "Yes" and fill in the amount if you have this kind of income, otherwise circle "No")

| | | | | | |
|--------------------------------|--------------|----|--|--------------|----|
| Second Job..... | Yes \$ _____ | No | Veterans' benefits..... | Yes \$ _____ | No |
| Social Security benefits | | | Workers compensation..... | Yes \$ _____ | No |
| For you..... | Yes \$ _____ | No | Income from absent family members..... | Yes \$ _____ | No |
| For child(ren)..... | Yes \$ _____ | No | Stocks/bonds..... | Yes \$ _____ | No |
| Unemployment compensation..... | Yes \$ _____ | No | Rental income..... | Yes \$ _____ | No |
| Union payments..... | Yes \$ _____ | No | Dividends or interest..... | Yes \$ _____ | No |
| Retirement/pensions..... | Yes \$ _____ | No | Other kinds of income not on the list..... | Yes \$ _____ | No |
| Trusts..... | Yes \$ _____ | No | Gifts..... | Yes \$ _____ | No |

I understand that I will be required to make payments for fees and costs to the clerk in accordance with §57.082(5), Florida Statutes, as provided by law, although I may agree to pay more if I choose to do so.

4. I have other assets: (Circle "yes" and fill in the value of the property, otherwise circle "No")

| | | | | | |
|--|--------------|----|---|--------------|----|
| Cash..... | Yes \$ _____ | No | Savings account..... | Yes \$ _____ | No |
| Bank account(s)..... | Yes \$ _____ | No | Stocks/bonds..... | Yes \$ _____ | No |
| Certificates of deposit or money market accounts..... | Yes \$ _____ | No | Homestead Real Property*..... | Yes \$ _____ | No |
| Boats*..... | Yes \$ _____ | No | Motor Vehicle*..... | Yes \$ _____ | No |
| | | | Non-homestead real property/real estate*..... | Yes \$ _____ | No |

*show loans on these assets in paragraph 5

Check one: I DO DO NOT expect to receive more assets in the near future. The asset is _____.

5. I have total liabilities and debts of \$ _____ as follows: Motor Vehicle \$ _____, Home \$ _____, Other Real Property \$ _____, Child Support paid direct \$ _____, Credit Cards \$ _____, Medical Bills \$ _____, Cost of medicines (monthly) \$ _____, Other \$ _____.

6. I have a private lawyer in this case..... Yes No

A person who knowingly provides false information to the clerk or the court in seeking a determination of indigent status under s. 57.082, F.S. commits a misdemeanor of the first degree, punishable as provided in s. 775.082, F.S. or s. 775.083, F.S. I attest that the information I have provided on this application is true and accurate to the best of my knowledge.

Signed this _____ day of _____, 20____.

Date of Birth Driver's License or ID Number

Signature of Applicant for Indigent Status
Print Full Legal Name _____
Phone Number: _____

Address, P O Address, Street, City, State, Zip Code

CLERK'S DETERMINATION

Based on the information in this Application, I have determined the applicant to be () Indigent () Not Indigent, according to s. 57.082, F.S.

Dated this _____ day of _____, 20____.

Clerk of the Circuit Court by _____

This form was completed with the assistance of: _____
Clerk/Deputy Clerk/Other authorized person.

APPLICANTS FOUND NOT TO BE INDIGENT MAY SEEK REVIEW BY A JUDGE BY ASKING FOR A HEARING TIME.
THERE IS NO FEE FOR THIS REVIEW.

Sign here if you want the judge to review the clerk's decision _____

IN THE COUNTY COURT IN AND FOR MIAMI-DADE COUNTY, FLORIDA

CASE NO.

Plaintiff,

vs.

Defendant(s)

_____/

EMERGENCY MOTION TO STAY WRIT OF POSSESSION
AND REQUEST FOR HEARING

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that I sent a copy of this Emergency Motion to Stay Writ of Possession to

_____, on _____, 20_____.

Defendant's Name: _____

Address: _____

Telephone: _____