Kijan Pou W Asiyen Nan Tribinal Ki La Pou Regle Ti Reklamasyon Piti Yo

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

<u>Pwosesis pou Ti Reklamasyon Piti yo</u>

Etap 1: Depoze Reklamasyon an

Etap 2: Pote manda a

Etap 3: Rete tann konferans ki fèt anvan jijman an

- Gen youn nan 3 bagay sa yo k ap fèt:
    - I. Jij la va elimine ka a
    - II. Jij la va voye ka a nan medyasyon
    - III. Jij la va voye ka a nan jijman

Etap 4(a): Ale nan medyasyon si yo ba w lòd la

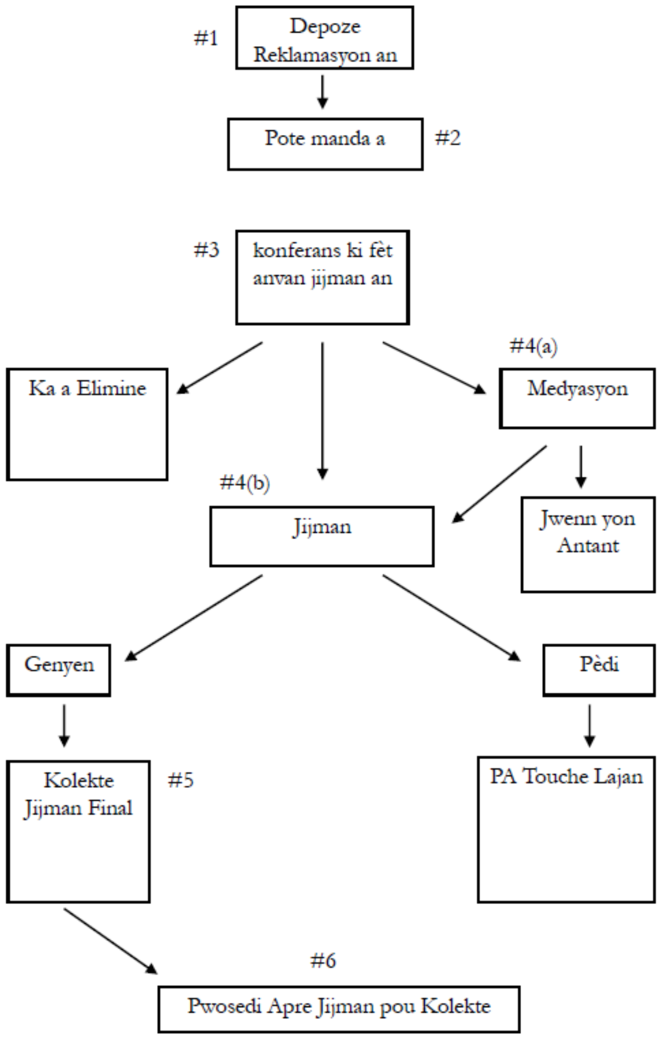
- Gen youn nan 2 bagay sa yo k ap fèt:
    - I. Rive jwenn yon antant ak lòt pati a epi mete fen a ka a
    - II. Pa reyisi jwenn yon antant ak lòt pati epi ale nan jijman

Etap 4(b): Ale nan jijman, si yo ba w lòd la

- Gen youn nan 2 bagay sa yo k ap fèt:
    - I. Pèdi jijman an epi ou pa touche
    - II. Genyen Jijman Final la an Favè w

Etap 5: Soumèt Fòmilè Jijman Fina la, si se wou ki genyen ka a

Etap 6: Swiv pwosedi ki vini apre jijman an pou w kolekte lajan jijman an



KISA TRIBINAL KI LA POU REGLE TI REKLAMASYON PITI YO YE?

Tribinal ki la pou regle ti reklamasyon piti yo se yon tribinal kote ou pa bezwen yon avoka ki pou reprezante w. Li fèt pou moun kapab reprezante tèt yo pou kont yo. Maksimòm ou kapab asiyen nan tribinal ki la pou regle ti reklamasyon piti yo se $5,000 (frè tribinal, enterè ak frè avoka pa ladan l).

DEPOZE YON REKLAMSYON NAN TRIBINAL KI LA POU REGLE TI REKLAMASYON PITI YO

Pou w depoze yon reklamasyon nan yon tribinal ki la pou ti reklamasyon piti yo ou kapab jwenn tout fòm yo nan: http://www.miami-dadeclerk.com/property_small_claims.asp

Frè

Frè aplikasyon nan tribinal pou ti reklamasyon piti yo baze sou kantite lajan wap asiyen a:.

Si reklamasyon an pou:
$1.00 - $99.99,w ap peye $55.00 **$100.00 - $500,** w ap peye $80.00
$500.01 - $2,500, w ap peye $175.00 **$2,500.01 - $5,000,** w ap peye $300.00

Si ou pa gen gwo salè, yo ka ekate frè depo a pou ou si ou ranpli Aplikasyon pou Detèmine Estati Endijen Sivil. Fòm sa nan na ti liv sa. Ou dwe remèt li ba grefye a lè w depoze Reklamasyon ou a.

Sèvis
Ou dwe byen konnen kiyès w ap asiyen an – non legal moun nan oubyen biznis w ap asiyen an epi ki kote yo ka sèvi yo paske pwosè w la pap ka fèt toutan akize a poko jwenn manda a. "Sèvi a" vle di pou cherif la oswa wisye a pèsonèlman remèt moun nan yon kopi pwose a.

Si w ap asiyen yon konpayi, ou ka sèvi ajan ki anrejistre a. Ou ka jwenn non ajan ki anrejistre a si w rele "*Corporate Information*" (Enfòmasyon sou Konpayi yo) nan Sekreteri Leta Florida, 1-850-488-9000, oubyen sou sit entènèt Subiz www.sunbiz.org . Si ou pa ka remèt ajan ki anrejistre a manda a answit ou ka sèvi nenpòt ofisye konpayi an.

"Serve" means having the Sheriff or process server personally hand a copy of your lawsuit to that person. If you cannot serve the registered agent of a corporation, then you can serve any corporate officer.

Ou gen 3 opsyon sèvis:
1. Ou ka itilize cherif la pou sèvi Manda a epi l ap koute w $40.00. Ou oblije peye frè sa.
2. Ou ka itilize yon wisye ke Tribinal la apwouve pou remèt akize a manda a (kèk fwa pi rapid ke cherif). Pri a ka varye. Ou ka jwenn yon lis wisye si w rele Komi leta a nan (305)349-5543.
3. Ou kab eseye voye manda a sètifye pa la pòs avèek resi akize resepsyon si akize a rete nan Eta Florid la. Pa gen frè pou sa sou lajan la pòs la.

Ki kote pou w Depoze Reklamasyon ou a
Ou ka depoze dosye ti reklamasyon ou a nan nenpòt lokal tribinal sa yo

Dade County Courthouse (05) 73 W. Flagler Street, Room 137 Miami, Florida 33130	**Coral Gables District Court (25)** 3100 Ponce de Leon Blvd. Coral Gables, Florida 33134
South Dade Justice Center (26) 10710 S.W. 211th Street, Room 1200 Miami, Florida 33189	**Miami Beach District Court (24)** 1130 Washington Avenue, Room 200 Miami Beach, Florida 33139
Hialeah District Court (21) 11 E. 6th Street, Room 100 Hialeah, Florida 33010	**North Dade Justice Center (23)** 15555 Biscayne Boulevard, Room 100 Miami, Florida 33160

Kisa pou w Depoze
Nan biwo konmi a ou va ranpli Reklamasyon an, Manda a, epi peye frè aplikasyon an, oswa Aplikasyon pou Dètèmine Estati Endijan an. Ap gen anplwaye ki la pou ede w ranpli fòm yo, men yo pap kab ba w konsèy legal.

Pote tout enfòmasyon ak dokiman konsènan reklamasyon ou a nan youn nan tribinal yo. Si reklamasyon an baze sou yon dokiman ekri, ou dwe tache yon kopi a Reklamasyon ou a. Pa ekzanp, si w ap asiyen pou w rekipere lajan depo sekirite ou a, mete yon kopi fèm kay ou a pou w montre ou te peye lajan depo a.

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APRE OU FIN DEPOZE REKLAMASYON OU A

Apre ou fin depoze reklamasyon ou a, yo va notifye w pou lokal ak dat **KONFERANS ANVAN JIJMAN AN**. Ou dwe ale nan konferans la; si w pa ale, jij la va elimine ka a. Konferans anvan jijman an fèt pou detèmine si pwose a ou a ta dwe ale nan yon odyans konplè devan yon jij, oswa pou wè si ka gen yon antant san w pa ale nan tribinal. Lè sa ou pa bezwen vini avèk ankenn temwen.

Kèk fwa nan konferans anvan jijman an jij la va mande w si w vle jwenn yon antant, epi ale nan **MEDYASYON**. Avantaj medyasyon an sè ke ka ou a rezoud menm lè a epi ou konnen rezilta a, olye ke ou pran yon chans ale nan jijman. Dezavantaj la sè ke ou kab pa jwenn tout sa ou vle yo.

Epitou li posib pou Jij la nan konferans anvan jijman an pou li di tout pati yo ki kalite prèv ak temwen yo ta dwe prezante nan jijman an.

KISA K AP PASE NAN JIJMAN OU A

Jijman an se odyans final nan ka ou a. Pandan jijman an, tout temwen yo temwanye epi tou de pati yo prezante kèlkeswa dokiman oubyen lòt prèv yo genyen.

Si ou te depoze Plent lan, ou se pleyan an epi ou prezante ka w la anvan. Ou dwe fe yon « Entwodiksyon » oswa kòmanse ak yon « Diskou Douvèti », kote ou eksplike tribinal la kisa ka a ye, kisa ou pra l pwouve epi kouman w ap pwouve li. Akize a tou kapab fè yon entwodiksyon men li kab deside fè sa lè li prezante defans li a.

Aprè pleyan an fin prezante tout bagay ki nesesè pou pwouve ka a, answit akize a gen opòtinite pou l prezante kote pa l nan ka a. Yo tou de ka rele temwen epi prezante dokiman ak lòt prèv. Yo chak kapab poze kesyon tou sou temwen lòt pati a.

Lè akize a fin defann tèt li, pleyan an kapab prezante lòt temwen oswa prèv pou kontrekare akize a.

Lè tou de pati yo fin prezante ka yo a, answit pleyan an ak tout akize a ka fè yon « Konklizyon ». Nan "Konklizyon an", chak pati yo eseye konvenk tribinal la pou pran desizyon an favè li. Ou ka repete pou Jij la sa ou te pwouve a epi pou kisa ou dwe genyen.

Kèk fwa lè pleyan an asiyen akize a, akize a depoze yon **KONT REKLAMASYON** kont pleyan an nan menm ka a. Yon kontreklamasyon se yon reklamasyon ke akize a genyen kont pleyan an. Pa ekzanp, yon lokatè kapab asiyen pou lajan depo sekirite li men pwopriyetè a kapab kapab depoze yon kontreklamasyon pou dega lokatè a koze nan apatman an. Si li depoze kontreklamasyon an, akize a dwe pwouve reklamasyon li fè a menm jan pleyan an dwe pwouve reklamasyon orijijnal la.

Jij la answit deside sou ka a epi bay yon desizyon. Sa rele **JIJMAN** an epi l ap a lekri. Jeneralman, Jij la bay vèdik la imedyatman aprè jijman an, kèkfwa jij la ap pran tan anplis pou l bay vèdik li.

Si jij la pran yon desizyon nan favè ou, w ap resevwa yon **JIJMAN FINAL** pa la pòs oubyen y ap di w pou w ale nan Biwo Komi leta a pou jwenn Fòm Jijman final la. Yo mande pou w soumèt fòm jijman final la bay jij la pou siyati. Ou dwe konplete li epi bay jij la kopi epi akize a avèk anvlòp ki tou gen tenb ak adrès pou tout pati yo. Epitou ou dwe kenbe yon kopi pou wou epi bay grefye a yon kopi ki sètifye pou jijman an kapab anrejistre.

Yon Jijman final se yon dokiman legal ki di ke youn nan pati yo gen dwa pou jwenn reparasyon pou domaj ke l sibi sou fòm yon kantite lajan ki espesifye nan men yon lòt pati. Yo va ajoute enterè jiskaske yo Kolekte Jijman Final la

epitou Jij la gen dwa mande pou pati ki genyen an touche frè tribinal ak frè avoka.

Nòt: nan nenpòt kilè pandan pwosè a, akize a ka peye w epi klase reklamasyon an. Men, ranpòte yon jijman kont yon lòt pati PA menm bagay ak kolekte (touche nan) jijman an, epi li ka difisil. Yo souvan mande kèk Pwosede legal apre jijman an epi anvan tout koleksyon. Ou ka panse li nesesè tou pou w pran yon avoka pou ede w ak pwosede ki swiv jijman an. Ou ka rele *Dade County Bar's Lawyer Assistance Program*, Pwogram Asistans Avoka nan Bawo Konte Dade la nan (305)371-2646 pou yon referans ak yon avoka ki fè travay koleksyon.

Legal Services of Greater Miami, Inc.

Biro Prensipal
3000 Biscayne Boulevard, Swit 500
Miami, FL 33137
Telefòn-n: (305) 576-0080
TTD: (305) 573-1578

South Dade
11285 SW 211 Street, Suite 302
Miami, Florida 33189
Telefòn-n: (305) 576-0080
TTD: (305) 573-1578

Monroe County
Telefòn-n: (877) 715-7464
TTD: (877) 715-7461

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 distribiye 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
Social Security benefits
For you..................................Yes $ __________ No
For child(ren) ....Yes $ __________ No
Unemployment compensation ....Yes $ __________ No
Union payments.....................................Yes $ __________ No
Retirement/pensions ....Yes $ __________ No
Trusts...Yes $ __________ No
Veterans' benefits...Yes $ __________ No
Workers compensation..Yes $ __________ No
Income from absent family members ....Yes $ __________ No
Stocks/bonds..Yes $ __________ No
Rental income..Yes $ __________ No
Dividends or interest..Yes $ __________ No
Other kinds of income not on the list ....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
Bank account(s).....................................Yes $ __________ No
Certificates of deposit or
money market accounts.........................Yes $ __________ No
Boats* ....Yes $ __________ No
Savings account ....Yes $ __________ No
Stocks/bonds..Yes $ __________ No
Homestead Real Property*.....................................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____.

____
Signature of Applicant for Indigent Status
Print Full Legal Name ___________________
Phone Number: ___________________________

___________ ______________________
Date of Birth Driver's License or ID 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.

DIVISION ☐ CIVIL ☐ DISTRICTS ☐ OTHER	**STATEMENT OF CLAIM** (File in Duplicate Plus One For Each Defendant)	CASE NUMBER SECTION NO.

PLAINTIFF	VS. DEFENDANT(S)	CLOCK IN
The Plaintiff sues the Defendant for money owed Plaintiff by Defendant; and which is past due and unpaid; for (As marked (x) below):	Address:	Phone Number:

☐ Good, wares and merchandise sold by plaintiff, to defendant;
☐ Work done and materials furnished by plaintiff, to defendant;
☐ Money lent by plaintiff to the defendant which is due and payable;
☐ Money due to plaintiff upon accounts stated and agreed to between them;
☐ On a written instrument, copy of which is attached hereto;
☐ Rent for certain premises in Miami-Dade County, Florida, Viz;
☐ Other (Explain)
☐ Any additional facts in connection with any of the above:

(USE ADDITIONAL SHEET IF NECESSARY)

Where Plaintiff demands judgment in the sum of $ _______________ together with court costs and any further costs which the Court may assess.

The Plaintiff, ______________________________________ says the foregoing is a just and true statement of the amount owed by defendant to plaintiff, exclusive of all lawful setoffs, and that defendant has no lawful defenses which would preclude the collection of said amount.

Affiant states that the defendant(s) is/are not in the military service of the United States.

Attorney/Plaintiff	Signature	Attorney's Bar No.
Address of Attorney/Plaintiff		Telephone No.

The foregoing instrument was acknowledged before me this __________ day of _________________________, 20____ by __________________________ who is personally known to me or who has produced ____________________ as identification and did ☐ / did not ☐ take an oath.

SWORN TO AND SUBSCRIBED BEFORE ME this ______ day of ________________________ 20_____.

HARVEY RUVIN **CLERK OF COURTS**	______________________________ Deputy Clerk	NOTARY PUBLIC, State of Florida ____________________ My Commission Expires:

IMPORTANT: SEE REVERSE

SERVICE OF PROCESS ☐ PROCESS SERVER ☐ SHERIFF ☐ MAIL	FILING FEE AMOUNT	RECEIPT NUMBER

NOTE: If the claim is based upon a written document, a copy, or the material part thereof, shall be attached to the statement of claim.

INSTRUCTION SHEET
IMPORTANT

YOU MUST advise the Clerk, in writing, of any change in your mailing address.

If you are a DEFENDANT and fail to appear on the designated date, in person or by an attorney, a judgment may be entered against you.

Plaintiff(s) will not be entitled to a default or judgment in the absence of an affidavit regarding the defendant's military status in compliance with applicable law. This form, if sworn to, will meet the above requirements.

If you are a PLAINTIFF and fail to appear on the designated date, in person or by an attorney, this case may be dismissed for Want of Prosecution.

Any claim of the Defendant against the Plaintiff, arising out of the same transaction or occurrence which is the subject matter of plaintiff's claim, shall be filed not less than 5 days prior to the appearance date, or within such times as the Court designates. When a counterclaim or set-off exceeds the jurisdiction of the Court, it shall be filed in writing before or at the pretrial hearing, and the action shall then be transferred to the Court having jurisdiction thereof. As evidence of good faith, the counter-claimant shall deposit a sum sufficient to pay the filing fee in the Court to which the case is to be transferred with his counterclaim.

FAILURE TO MAKE THE DEPOSIT WAIVES THE RIGHT TO TRANSFER.

TRIAL BY JURY may be had upon written demand by Plaintiff made at the commencement of the action or by any defendant within 5 days after service of the notice to appear or at the Pretrial Conference. If the demand is not made, the right to trial by jury is waived.

If at any time in the proceedings a settlement is reached between the parties, this office should be notified in writing by the Plaintiff.

If you have any questions regarding procedures, this office will assist you. This office cannot furnish legal advice to you. Please consult your attorney for legal advice.

CAUTION

A copy of any paper that you file at any time with the Clerk or Judge **MUST** be sent by you to each attorney appearing in the case, if any, or to all parties not represented by an attorney. You must set forth the date and to whom you sent the copy (or copies) of the paper filed, which would be followed by your signature.

AMERICANS WITH DISABILITIES ACT OF 1990
ADA NOTICE

"If you are a person with a disability who needs any accommodation in order to participate in this proceeding, you are entitled, at no cost to you, to the provision of certain assistance. Please contact the Eleventh Judicial Circuit Court's ADA Coordinator, Lawson E. Thomas Courthouse Center, 175 NW 1st Ave., Suite 2702, Miami, FL 33128, Telephone (305) 349-7175; TDD (305) 349-7174, Fax (305) 349-7355 at least 7 days before your scheduled court appearance, or immediately upon receiving this notification if the time before the scheduled appearance is less than 7 days; if you are hearing or voice impaired, call 711."