NAME:	IN THE COUNTY COURT,
ADDRESS:	
CITY, STATE:	COUNTY, FLORIDA
EMAIL:	
TELEPHONE:	
VS.	DIVISION:
NAME:	
ADDRESS:	
CITY, STATE:	_
EMAIL:	
TELEPHONE:	
AFFIDAVIT OF N STATE OF FLORIDA COUNTY OF	NONCOMPLIANCE
 That he/she is the Plaintiff(s) who entered into the 2. That the Defendant(s)	has failed to make pay- d to make payment of money due said Plaintiff(s) y filed in this cause. lation to be due said Plaintiff(s) from said costs are now past due and unpaid.
ther certify that a copy of this affidavit has been ser tioned address: this day of	er a Judgment for \$ I furnit to the above named Defendant(s) at the above men 20
	Plaintiff(s) signature
Sworn to and subscribed before me this	, by, who
is () personally known to me / () produced and who () / did () did not take an oath.	, by, who, as identification,
Name:	Notary Public or Deputy Clerk
Comm	Notary Public or Deputy Clerk : nission No.: commission Expires: