

JODY PHILLIPS
CLERK OF THE CIRCUIT AND COUNTY COURTS
JACKSONVILLE, FLORIDA
www.duvalclerk.com



PACKET FEE: \$2.50

DECLARATORY JUDGMENT
FOR A VEHICLE

Please contact the Clerk's Office at (904) 255-1979 or visit us online

at www.DuvalClerk.com for additional information.

Revised 8/2024

COMPLAINT FOR DECLARATORY JUDGMENT

*** Important Information ***

Notice: This packet is to assist you in obtaining a title for a vehicle you own but for which you did not receive a title at the time of purchase. The Court may issue an Order directing the Department of Highway Safety and Motor Vehicles to issue a certificate of title for your vehicle. We do not guarantee that either the instructions or the forms will achieve the desired results by the parties. Any person using these forms and instructions should do so at his or her own risk. Filing Fees are Non-Refundable. The information is not intended to be used as legal advice. Specific guidance concerning filing a lawsuit, answering a lawsuit or questions about your individual situation should be directed to a qualified attorney.

It is sometimes possible to obtain a declaratory judgment to assist you in obtaining a title for a vehicle you own but for which you did not receive a title at the time of purchase. The Court may issue an Order directing the Department of Highway Safety and Motor Vehicles to issue a certificate of title for your vehicle.

FILING FEES:

Complaint for Declaratory Judgment	\$300.00
Summons Issuance Fee	\$10.00 Per Summons

IN ADDITION TO THE FILING FEE AND SUMMONS ISSUANCE FEE, you must contact a private process server, or persons allowed to do service in the county where the service is to be done, to obtain their service fees.

Before a lawsuit is filed, you must obtain the VIN number from the property and take to the Tax Collector's office who will run the VIN number through the computer. They will need to type a statement as to who the vehicle is titled and their last known address. You should mail the last known owner a letter requesting the title and why you are entitled to it.

- Attach a copy of the letter with the Complaint along with any bill of sale or other documentation proving your ownership.

Review the Filing Checklist prior to completing any forms.

Refer to chapter 86 of the Florida Statutes for information regarding declaratory judgments.

- Copies of these statutes are available at the Law Library located in the Duval County Courthouse, at your public library or online through the Florida Legislature website at <http://www.leg.state.fl.us/Statutes>.

Do Not Sign any documents that require a notary or deputy clerk signature until you are in front of the notary or deputy clerk.

Retain Copies of all forms filed for your records.

Documents Must Be Legible, type written or legibly handwritten in black or blue ink.

It Is Important that the names and addresses are the same on all documents.

A Delay Can Occur because of any errors on your paperwork or if the proper fees are not submitted.

FILING CHECKLIST

DECLARATORY JUDGMENT GRANTING VEHICLE OWNERSHIP

STEP ONE – FILE CASE WITH CLERK

To file a Declaratory Judgment case, you may file the following forms along with the filing fee and any service fees, if applicable, with the Clerk's office.

- _____ Civil Cover Sheet
- _____ Complaint for Declaratory Judgment with copy of the request letter sent to previous owner along with any bill of sale or other documentation proving your ownership
- _____ Affidavit of Vehicle Title Application
- _____ Vehicle Identification Number & Odometer Verification (can be found on www.flhsmv.gov)
- _____ Summons on an Individual – Must include Spanish and French translations
(1) Original and (1) copy for each Defendant to be served

STEP TWO – PERFECT SERVICE

Once the summonses have been issued by the Clerk's office and returned to you:

- _____ Serve the Defendant via a process server or the Sheriff's office and file the return of service with the Clerk's office.
- _____ Send the service packet to the Department of Highway Safety and Motor Vehicles via certified mail and file the signed delivery receipt with the Clerk's office.
Co-Defendant State of Florida, Dept. of Highway Safety and Motor Vehicles may be served by certified mail to Dave Kerner, Dept. of Highway Safety and Motor Vehicles, 2900 Apalachee Parkway, Tallahassee, Fl. 32399.

If you are unable to have the defendant served you must file:

- _____ Affidavit of Diligent Search and Inquiry
- _____ Notice of Action for Declaratory Judgment – must be published into a qualified newspaper for four consecutive weeks

STEP THREE – OBTAIN JUDGMENT

20 calendar days after service of the summons to the Defendant(s), or after 4 consecutive weeks of publication into a qualified newspaper, and the defendant(s):

DID NOT respond to the complaint filed against them, you may file the following forms:

- Motion for Clerk's Default
- Motion for Final Judgment
- Declaratory Judgment

DID respond to the complaint filed against them, you may file the following forms:

- Motion/Order to Set Cause for Non-Jury Trial
- Declaratory Judgment

Note – In some cases the Judge assigned to your case may require that you submit a Nonmilitary Affidavit prior to signing the Declaratory Judgment

If the Judge grants your complaint, a Declaratory Judgment will be signed.

IN THE COUNTY COURT OF THE FOURTH JUDICIAL CIRCUIT
IN AND FOR DUVAL COUNTY, FLORIDA

Plaintiff

Case No.: _____

Division: _____

Vs.

Defendants

And

State of Florida

Department of Highway Safety and Motor Vehicles

COMPLAINT FOR DECLARATORY JUDGMENT

Plaintiff, _____ under penalty of perjury files this
Complaint seeking a Declaratory Judgment and other relief pursuant to Chapters 86 and 319, Florida
Statutes, and alleges as follows:

1. This is an action requesting Declaratory Judgment and other relief involving the acquisition of
a clear title for a _____.

2. The Plaintiff is a resident of Duval County, Florida, and the owner of _____
_____ purchased and paid for in Duval County, Florida.

3. The property has an estimated value of \$ _____, which is the jurisdictional amount
of this Court.

4. This Court has jurisdiction in this matter.

5. On _____, the Plaintiff paid and purchased the above vehicle
for the sum of \$ _____.

6. The VIN # is _____.

7. Upon Plaintiff's purchase of the _____, the owner,
_____, did not give the Plaintiff the original title.

8. The Plaintiff has taken the following actions to secure legal title:

_____.

9. The Plaintiff has complied with the requirements of the Department of Highway Safety and
Motor Vehicles.

10. Plaintiff has contacted the State of Florida Department of Highway Safety and Motor Vehicles and was informed that a court of competent jurisdiction must determine ownership. (Attach copy of letter)

11. The Plaintiff has no alternative but to seek the intervention of this Court and request the Court grant relief in this matter.

WHEREFORE, Plaintiff requests this Court to take immediate jurisdiction in this matter, and

A. Enter a Declaratory Judgment finding that based upon circumstances outlined in this Complaint that the document attached to this Complaint is sufficient to facilitate the issuance of a duplicate title.

B. Enter a Declaratory Judgment requiring the Department of Highway Safety and Motor Vehicles to issue a duplicate title for :

which is currently in the Possession of the Plaintiff, as expeditiously as possible. This Judgment would enable The Plaintiff to comply with the Florida law that requires the registration and licensing of this vehicle.

Dated this _____ day of _____, _____.

Signature

Print Name

Address

City, State, Zip Code

Phone Number

STATE OF FLORIDA

COUNTY OF _____

Sworn to or affirmed and signed before me on

_____ by _____

Date

Name of Affiant

Personally Known

Produced Identification _____

Notary Signature

Notary Stamp

IN THE COUNTY COURT OF THE FOURTH JUDICIAL CIRCUIT
IN AND FOR DUVAL COUNTY, FLORIDA

Plaintiff

Case No.: _____
Division: _____

**AFFIDAVIT
VEHICLE TITLE APPLICATION**

AFFIANT

Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____

VEHICLE INFORMATION

Year _____ Make _____ Model _____ Body _____

Vehicle Title Number : _____ State of Issue _____

Vehicle Identification Number (VIN) _____

Purchase Price _____ Dollar Value _____

Date of Purchase _____ Do you owe any money on this vehicle? Yes No

*I have attached a letter from my county Sheriff's office, dated not more than 30 days from today's date, confirming that this vehicle has not been reported stolen.

PREVIOUS OWNER INFORMATION

I purchased this vehicle from _____

Address _____

City _____ State _____ Zip _____

I did not receive the title at the time of purchase because:

I cannot receive the title at this time because:

I have conducted a diligent search in accordance with the attached Affidavit of Diligent Search

Date _____ Signature of Affiant _____

STATE OF FLORIDA

COUNTY OF _____

Sworn to or affirmed and signed before me on

_____ by _____
Date Name of Affiant

Personally Known

Produced Identification _____

Notary Signature

Notary Stamp

IN THE COUNTY COURT OF THE FOURTH JUDICIAL CIRCUIT
IN AND FOR DUVAL COUNTY, FLORIDA

Plaintiff

Case No.: _____

Division: _____

Vs.

Defendant

**SUMMONS:
PERSONAL SERVICE ON AN INDIVIDUAL**

TO: _____

IMPORTANT

A lawsuit has been filed against you. You have **20 calendar days** after this Summons is served on you to file a written response to the attached Complaint in this Court. A phone call will not protect you; your written response, including the above case number and named parties, must be filed if you want the Court to hear your case. If you do not file your response on time you may lose the case, and your wages, money, and property may thereafter be taken without further warning from the Court. There are other legal requirements. You may want to call an attorney right away. If you do not know an attorney, you may call an attorney referral service or a legal aid office.

If you choose to file a written response yourself, at the same time you file your written response to the Court you must also mail or take a copy of your written response to the "Plaintiff /Plaintiffs Attorney" named below.

Plaintiff/Plaintiff's Attorney

Attorney Address

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 4th Judicial Circuit ADA Coordinator

Phone Number: (904) 255-1695

Email Address: crtintrap@coj.net

Contact the ADA Coordinator 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.

THE STATE OF FLORIDA:

TO EACH SHERIFF OF THE STATE: You are commanded to serve this Summons and a copy of the Complaint in this lawsuit on the above-named Defendant.

Date: _____

JODY PHILLIPS
CLERK OF THE COURT

By: _____
As Deputy Clerk

(see attached sheet for Spanish and French Versions)

IMPORTANTE

Usted ha sido demandado legalmente. Tiene veinte (20 días, contados a partir del recibo de esta notificación, para contestar la demanda adjunta, por escrito, y presentarla ante este tribunal. Una llamada telefónica no lo protegerá; si usted desea que el tribunal considere su defensa, debe presentar su respuesta por escrito, incluyendo el número del caso y los nombres de las partes interesadas en dicho caso. Si usted no contesta la demanda a tiempo, podría perder el caso y podría ser despojado de sus ingresos y propiedades, o privado de sus derechos, sin previo aviso del tribunal. Existen otros requisitos legales. Si lo desea, puede usted consultar a un abogado inmediatamente. Si no conoce a un abogado, puede llamar a una de las oficinas de asistencia legal que aparecen en la guía telefónica.

Si desea responder a la demanda por su cuenta, al mismo tiempo en que presenta su respuesta ante el tribunal, deberá usted enviar por correo o entregar una copia de su respuesta a la persona denominada abajo como "Plaintiff /Plaintiff's Attorney." (Demandante o Abogado del Demandante).

Si usted es discapacitado y necesita alguna adaptación para participar en este procedimiento, tiene derecho, sin costo alguno, a recibir cierta asistencia. Favor de contactar:

Coordinador del 4^o Circuito Judicial
Número de teléfono: (904) 255-1695
Correo electrónico: crtinrp@coj.net

Comuníquese con el Coordinador de la ADA al menos con 7 días de antelación a su comparecencia en el tribunal, o inmediatamente después de recibir esta notificación judicial si la fecha antes de la comparecencia programada es menos de 7 días. Si tiene problemas de audición o del habla, comuníquese con el 711.

IMPORTANT

Des poursuites judiciaires ont été entreprises contre vous. Vous avez 20 jours consécutifs à partir de la date de l'assignation de cette citation pour déposer une réponse écrite à la plainte ci-jointe auprès de ce Tribunal. Un simple coup de téléphone est insuffisant pour vous protéger; vous êtes obligé de déposer votre réponse écrite, avec mention du numéro de dossier ci-dessus et du nom des parties nommées ici, si vous souhaitez que le Tribunal entende votre cause. Si vous ne déposez pas votre réponse écrite dans le délai requis, vous risquez de perdre la cause ainsi que votre salaire, votre argent, et vos biens peuvent être saisis par la suite, sans aucun préavis ultérieur du Tribunal. Il y a d'autres obligations juridiques et vous pouvez requérir les services immédiats d'un avocat.

Si vous ne connaissez pas d'avocat, vous pourriez téléphoner à un service de référence d'avocats ou à un bureau d'assistance juridique (figurant à l'annuaire de téléphones). Si vous choisissez de poser vous-même une réponse écrite, il vous faudra également, en même temps que cette formalité, faire parvenir ou expédier une copie au carbone ou une photocopie de votre réponse écrite au "Plaintiff /Plaintiff's Attorney" (Plaignant ou à son avocat) nommé ci-dessous.

Si vous êtes une personne handicapée et que vous avez besoin que des mesures d'adaptation soient

prises pour participer à cette procédure, vous avez le droit, sans frais, de bénéficier de certaines mesures d'aide. Veuillez-vous adresser à :

The 4th Judicial Circuit ADA Coordinator

Phone Number: (904) 255-1695

Email Address: crtinrp@coj.net

Contactez le coordinateur ADA au moins 7 jours avant la date prévue de votre comparution devant le tribunal, ou immédiatement après avoir reçu cette notification si le délai avant la date prévue de la comparution est inférieur à 7 jours ; Si vous êtes malentendant ou malentendante, appelez le 711.

IN THE COUNTY COURT OF THE FOURTH JUDICIAL CIRCUIT
IN AND FOR DUVAL COUNTY, FLORIDA

Plaintiff

Case No.: _____

Division: _____

Vs.

Defendant

MOTION FOR CLERK'S DEFAULT

Plaintiff asks the Clerk to enter a Default against _____, Defendant,
for failing to respond as required by law to plaintiff's complaint.

Signature

Print Name

Address

City, State, Zip Code

Phone Number

DEFAULT

A Default is entered in this action against the Defendant for failure to respond as required by law.

Date: _____

JODY PHILLIPS
CLERK OF THE COURT

By: _____
As Deputy Clerk

cc: _____

Defendant Name

Defendant Address

IN THE COUNTY COURT OF THE FOURTH JUDICIAL CIRCUIT
IN AND FOR DUVAL COUNTY, FLORIDA

Plaintiff

Case No.: _____

Division: _____

Vs.

Defendant

MOTION FOR FINAL JUDGMENT

Plaintiff asks the Court to enter a Default Final Judgment for Declaratory Judgment against _____, Defendant, and says:

1. Plaintiff filed a Complaint for Declaratory Judgment against the Defendant.
2. Defendant has failed to timely file an answer and a Default has been entered by the Clerk of this Court on _____.
3. Plaintiff has filed all required Affidavits.

WHEREFORE, Plaintiff asks this Court to enter a Final Judgment for Declaratory Judgment against Defendant.

Signature

Print Name

Address

City, State, Zip Code

Phone Number

cc:

Defendant Name

Defendant Address

IN THE COUNTY COURT OF THE FOURTH JUDICIAL CIRCUIT
IN AND FOR DUVAL COUNTY, FLORIDA

Plaintiff

Case No.: _____
Division: _____

AFFIDAVIT OF DILIGENT SEARCH AND INQUIRY

I, _____ (full legal name), being sworn, certify that the following information is true:

1. I have made a diligent search and inquiry to discover the name and current residence of _____.

Specify details of search. Identify all action taken (any additional information included such as the date the action was taken and the person with whom you spoke is helpful; attach additional sheet if necessary):

(Check all actions taken)

- United States Post Office inquiry through Freedom of Information Act, current address or any relocation.
- Last known employment of prior owner, including name and address of employer.

- Regulatory agencies, including professional or occupational licensing.
- Name and address of relatives and contacts with those relatives, and inquiry as to prior owner's last known address. (You are to follow any leads of any addresses where prior owner may have moved. Relatives included but are not limited to parents, brothers, sisters, aunts, uncles, cousins, nieces, nephews, grandparents, great-grandparents, former in-laws, stepparents, stepchildren.)

- Information about prior owner's possible death, and if deceased, the date and location of the death.

- Telephone listings in the last known locations of prior owner's residence.
- Internet searches such as people finder
- Law enforcement arrest and/or criminal records in the last known residential area of prior owner.
- Highway Patrol records in the State of prior owner's last known address.
- Department of Motor Vehicles records in the state of prior owner's last known address.
- Department of Corrections records in the state of prior owner's last known address.
- Hospitals in the last known area of prior owner's residence.
- Utility companies, which include water, sewer, cable, TV and electric in the last known, area of prior owner's residence.
- Tax Assessor's and Property Records at Tax Collector's Office in the area where prior

- owner last resided.
- Other (explain): _____

2. The age of prior owner is (check only one): known(enter age)_____ unknown

3. Prior owner's current residence (check only one)

- Prior owner's current residence is unknown to me.
- Prior owner's current residence is in a state or country other than Florida, and prior owners last known address is _____

Under penalties of perjury, I declare that I have read the foregoing document and that the facts stated in it are true.

Date _____ Signature of Affiant _____

STATE OF FLORIDA

COUNTY OF _____

Sworn to or affirmed and signed before me on

_____ by _____

Date

Name of Affiant

Personally Known

Produced Identification _____

Notary Signature

Notary Stamp

IN THE COUNTY COURT OF THE FOURTH JUDICIAL CIRCUIT
IN AND FOR DUVAL COUNTY, FLORIDA

Plaintiff

Case No.: _____
Division: _____

Vs.

Defendants
And
State of Florida
Department of Highway Safety and Motor Vehicles

DECLARATORY JUDGMENT GRANTING VEHICLE OWNERSHIP

THIS CAUSE coming on to be considered before this Court, and the Defendants having been properly served, and the Court being duly advised and having examined the supporting documents establishing proof of ownership and right of possession of the applicant and the Court being otherwise advised to the circumstances relating to this matter the Court hereby finds:

1. The Court has jurisdiction herein pursuant to Florida Statute 86.011 and Florida Statute 319.28(2)(a).
2. The value of the vehicle described as a YEAR: _____
MAKE: _____ MODEL: _____
VIN: _____
Is \$ _____ US DOLLARS.
3. The above-described vehicle has not been reported stolen.
4. The applicant(s): _____
is/are entitled to have a certificate of title issued in his/her name(s).
THEREFORE, the Court hereby awards to _____

Sole possession and ownership of the vehicle described herein and directs the Department of Highway Safety and Motor Vehicles to issue a certificate of title to the vehicle upon presentation of an application thereof, along with the original of this Order of a certified copy thereof, and all applicable fees and charges.

DONE AND ORDERED in Chambers at Jacksonville, Duval County, Florida on this _____
day of _____, 20____.

COUNTY JUDGE