

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

<b>DIVISION</b> <input checked="" type="checkbox"/> CIVIL <input type="checkbox"/> DISTRICTS <input type="checkbox"/> OTHER	<b>STATEMENT OF CLAIM</b> (File in Duplicate Plus One For Each Defendant)	<b>CASE NUMBER</b> 17-11302 SP 05 <b>SECTION NO.</b>
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<b>PLAINTIFF</b>  Miami Dade County by and through its Finance Department	<b>VS. DEFENDANT(S)</b>  ESTIME-IRVIN, MARY	<b>CLOCK IN</b> 2017 JUL 14 PM 3:34 FILED ON...
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The Plaintiff sues the Defendant for money owed Plaintiff by Defendant; and which is past due and unpaid; for (As marked (x) below):	Address: 155 NE 131 ST MIAMI, FL 33161	Phone Number:
<input type="checkbox"/> Good, wares and merchandise sold by plaintiff, to defendant; <input type="checkbox"/> Work done and materials furnished by plaintiff, to defendant; <input type="checkbox"/> Money lent by plaintiff to the defendant which is due and payable; <input type="checkbox"/> Money due to plaintiff upon accounts stated and agreed to between them; <input type="checkbox"/> On a written instrument, copy of which is attached hereto; <input type="checkbox"/> Rent for certain premises in Miami-Dade County, Florida, Viz; <input checked="" type="checkbox"/> Other (Explain) <input type="checkbox"/> Any additional facts in connection with any of the above: (USE ADDITIONAL SHEET IF NECESSARY)		

*\$ 175.00  
 Issued 7/10/17*

Medical services provided not paid

Account(s): 40009444334      Principal: \$1,669.00      Interest \$257.80

Where Plaintiff demands judgment in the sum of \$ 1,926.80 together with court costs and any further costs which the Court may assess.

The Plaintiff, Miami Dade County 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 Davina Holton - Employee	Signature 	Attorney's Bar No.
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Address of Attorney/Plaintiff 200 NW 2nd Ave. Ste. 349, Miami, FL 33128	Telephone No. 786-469-2822
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The foregoing instrument was acknowledged before me this 10 day of July, 2017 by Davina Holton 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 10 day of July, 2017

HARVEY RUVIN CLERK OF COURTS	Deputy Clerk 	Notary Public State of Florida Scipio de Castro State of Florida Commission FF 932795 My Commission Expires 11/02/2019
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**IMPORTANT: SEE REVERSE**

SERVICE OF PROCESS <input type="checkbox"/> PROCESS SERVER <input checked="" type="checkbox"/> SHERIFF <input type="checkbox"/> MAIL	FILING FEE AMOUNT  185.00	RECEIPT NUMBER
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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 1<sup>st</sup> 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.”**

JACKSON HEALTH SYSTEM - PRODUCTI TELEPHONE 305-585-1111  
1611 NW 12TH AVENUE  
MIAMI, FL 33136

PG# 1  
DATE: 03/01/17  
ACCT TYPE: B

PATIENT NAME: IRVIN ,PATRICK PATIENT NUMBER: 40009444334 FC: 9  
ADMIT DATE: 04/18/14 DISCHARGE DATE: 04/18/14 BIRTH DATE: 09/09/2002 PT: E

GUARANTOR: ESTIME IRVIN MARY ACCOUNT BALANCE: 1669.00  
NAME AND : 1225 NE 124TH STREET  
ADDRESS : MIAMI FL 33161 PATIENT BALANCE: 1669.00

DATE	SERVICE	QTY	DESCRIPT	INS1:	P01	INS2:	INS3:	PATIENT
CODE			BAL:		.00			1669.00
041814	2712630	1	32					693.00
041814	2712760	1	32					460.00
041814	1130092	1	45					716.00
041814	9000036	-1	0					-200.00

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1611 NW 12TH AVENUE  
MIAMI, FL 33136

SUMMARY PAGE:# 1  
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ADDRESS : MIAMI FL 33161 PATIENT BALANCE: 1669.00

TOTAL CHARGES: 1869.00 INS1: P01 .00 INS2:  
INS3: INS4:

	TOTAL AMT:	INSURANCE:	PATIENT:
1	-200.00	0.00	-200.00
2	716.00	0.00	716.00
3	1153.00	0.00	1153.00

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