



Florida Department of Agriculture and Consumer Services
Division of Consumer Services

PAWNSHOP CLAIM AFFIDAVIT

Chapter 539, Florida Statutes
Rule 5J-13.003(3), Florida Administrative Code

**NICOLE "NIKKI" FRIED
COMMISSIONER**

Please Return Completed Form to:
FDACS
Division of Consumer Services
Mediation & Enforcement
2005 Apalachee Parkway
Tallahassee, FL 32399-6500

www.FDACS.gov
1-800-HELP-FLA (435-7352)
(850) 410-3800
Fax (850) 410-3804

PLEASE READ CAREFULLY AND PROVIDE **ALL** OF THE FOLLOWING INFORMATION (TYPE OR PRINT LEGIBLY)

FAILURE TO COMPLETE THIS FORM IN ITS ENTIRETY MAY RESULT IN THE DENIAL OF YOUR CLAIM

Pawnshop Information

Your Name and Mailing Information

Name of Business

Name

Address

Address

City, State, and Zip Code

City, State, and Zip Code

Phone Number (Including Area Code)

Phone Number (Including Area Code)

Documents

Please provide copies of documents listed below that will support your claim and check all that you are enclosing:

_____ Pawn transaction form identifying the pawn transaction number.

_____ Contract or other written evidence.

_____ Correspondence, letters, etc. (as available)

_____ Other (describe briefly): _____

Claim Information

The pawn transaction was made on: _____ / _____ / _____
Month Day Year

On _____ / _____ / _____ the injury occurred or was discovered to have occurred **OR** a judgment
Month Day Year was entered.

NOTE: The Claim Affidavit must be submitted to the department within 120 days after an injury has occurred or is discovered to have occurred or a judgment has been entered. [s. 539.001(4)(a), F.S.]

What was the amount you were advanced according to the transaction form? \$ _____. My claim is for \$ _____.

Has a police report been filed? _____. (If yes, attach copy of report)

Please describe the circumstances leading to this claim. Please attach pages as necessary:

Consumer's Signature: _____

Date: _____

STATE OF: _____

COUNTY OF: _____

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization,
this _____ day of _____, 20_____, by _____.

Personally known or produced identification

Type of Identification produced _____

Notary Public
(Seal)