



MICHELLE R. MILLER

CLERK OF THE CIRCUIT COURT & COMPTROLLER
ST. LUCIE COUNTY, FLORIDA

Disclaimer: The use of this form is not intended as a substitute for legal advice from an attorney. This form is meant to serve as a guide and to assist pro se (self-represented) litigants in preparing documents. The use of this form does not mean that a judge will accept your document. You may be required to re-do your document or obtain and file additional documents once the judge has reviewed your case. Each case has its own particular set of circumstances, and an attorney may advise you of what is best for you in your individual situation. If you have questions or concerns regarding your legal rights, it is strongly recommended that you talk to an attorney. If you do not know an attorney, you may request a copy of the Legal Resources brochure or find a copy here: [Legal Resources Brochure](#).

INSTRUCTIONS FOR COMPLETING THE OWNER'S CLAIM FOR MORTGAGE FORECLOSURE SURPLUS

- 1. Complete the Owner's Claim for Mortgage Foreclosure Surplus to include the caption [names of the parties to the lawsuit], and the case number.**
 - a. Paragraph 1: Add the address and Parcel ID number of the property that was the subject of the foreclosure action.**
 - b. Paragraph 6: Your current address which is also where the payment will be mailed if you were the sole owner of the property at the time of the foreclosure.**
 - c. Paragraph 7: If there was more than one owner at the time of the foreclosure – indicate to whom the check for the surplus should be written and where it should be mailed.**
- 2. You must sign the Claim in the presence of a Notary Public.**
- 3. Complete the Certificate of Service: The first blank is the date you are filing the claim. The block of lines is for the names and service address of all parties to the case. Next, check the box for the method of delivery to the parties. Complete the signature block.**
- 4. File the Claim either through the E-Portal or by providing the complete original document to the St. Lucie County Clerk of the Circuit Court either by mail or in person:**
 - a. Mailing Address:**

St. Lucie County Clerk of the Circuit Court
Attn: Circuit Civil Department
P.O. Box 700
Fort Pierce, FL 34954
 - b. Office Locations – Hours 8:00 am – 5:00 pm:**

201 South Indian River Drive
Fort Pierce, FL 34950

250 NW Country Club Drive
Port St. Lucie, FL 34986

IN THE CIRCUIT COURT OF THE NINETEENTH JUDICIAL CIRCUIT, IN AND FOR
SAINT LUCIE COUNTY, FLORIDA

_____, Plaintiff(s),

v.

Case No.: _____

_____, Defendant(s).

_____ /

OWNER'S CLAIM FOR MORTGAGE FORECLOSURE SURPLUS

UNDER PENALTY OF PERJURY, I/we hereby certify that:

1. I was/We were the owner(s) of the following described real property in Saint Lucie County, Florida, prior to the foreclosure sale and as of the date of the filing of the lis pendens:

_____.

2. I/We do not owe any money on the any mortgage on the property that was foreclosed other than the one that was paid off by the foreclosure.

3. I/We do not owe any money that is the subject of an unpaid judgment, condominium lien, cooperative lien, or homeowners' association.

4. I am/We are not currently in bankruptcy.

5. I/We have not sold or assigned my/our right to the mortgage surplus.

6. My/Our new address is: _____.

7. If there is more than one owner entitled to the surplus, we have agreed that the surplus should be paid jointly or to: _____
at the following address _____.

8. I/WE UNDERSTAND THAT I/WE AM/ARE NOT REQUIRED TO HAVE A LAWYER OR ANY OTHER REPRESENTATION AND I/WE DO NOT HAVE TO ASSIGN MY/OUR RIGHTS TO ANYONE ELSE IN ORDER TO CLAIM ANY MONEY TO WHICH I/WE MAY BE ENTITLED.

9. I/WE UNDERSTAND THAT THIS STATEMENT IS GIVEN UNDER OATH, AND IF ANY STATEMENTS ARE UNTRUE THAT I/WE MAY BE PROSECUTED CRIMINALLY FOR PERJURY.

Signature of Party

Printed Name:

STATE OF FLORIDA
COUNTY OF ST LUCIE

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

Personally Known to me or who has produced _____ as identification.

Signature of Notary

(SEAL)

Name of Notary

CERTIFICATE OF SERVICE

I hereby certify that on _____ (date) this document has been furnished to

by ___ e-portal ___ mail ___ e-mail or ___ hand delivery.

Signature: _____

Printed Name: _____

E-Mail Address: _____

Address: _____

Phone Number: _____