



ADAM H. PUTNAM  
COMMISSIONER

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

Case Number: \_\_\_\_\_

**Please Return Completed Form to:**

FDACS  
Division of Consumer Services  
Mediation & Enforcement  
2005 Apalachee Parkway  
Tallahassee, FL 32399-6500

[www.800helpfla.com](http://www.800helpfla.com)  
1-800-HELP-FLA (435-7352) FL Only  
(850) 410-3800 Calling Outside Florida  
Fax (850) 410-3804

\_\_\_\_\_  
Name of Business

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip Code

( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_  
Telephone Number, Including Area Code

Please state your answers to the following questions based on personal knowledge:

1. What was the pawn transaction form number for the transaction you are claiming against? \_\_\_\_\_
2. What was the date of the pawn transaction you are making a claim against?

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Day Year

3. What was the amount you were advanced according to the transaction form? \$ \_\_\_\_\_

4. Has a police report been filed alleging fraud in this transaction? \_\_\_\_\_ (Attach copy of report)

5. Please describe the circumstances leading to the filing of this claim: Attached additional pages as necessary:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

STATE OF: \_\_\_\_\_

COUNTY OF: \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_,

by \_\_\_\_\_, who answered the above questions.

Personally known  or produced identification  Type of identification produced \_\_\_\_\_

MY COMMISSION EXPIRES:  
SEAL/STAMP

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary Public Name (Please Print)