MOTOR VEHICLE REPAIR PACKET

Santa Rosa County Courthouse

4025 Avalon Blvd.,
Milton, Fl. 32583

If you have any questions, you may call us at 850-981-5667.

Updated 2026

Price: $3.00

If your bill exceeds the final estimate that you have authorized, and the shop refuses to give you your car unless you pay, you can do the following, pursuant to Florida Statute 559.917:

1. File a bond with the Clerk of Court for the amount of the final repair bill. **This must be paid by cash, cashier's check or money order**. You must also include a clerk's registry fee in the amount of 3.0 percent on the first five hundred dollars and 1.5 percent on the amounts above that. You do not have to file a lawsuit. The forms necessary to file the bond are included in this packet.

2. The Clerk will issue a certificate directing the shop to release your vehicle. The Santa Rosa County Sheriff's office will help serve the certificate to the shop, if necessary. They will charge you a fee of $ 90.00 should you need their services.

3. The repair shop has 60 days to bring action (file a lawsuit) to recover the bond as payment for the repair. If the shop does not sue within 60 days, the Clerk of the Court shall return the bond money to you upon your written request. Release of the bond money does not prohibit the shop from filing suit later.

What you will need when you come to the Clerk's Office.

- Original and one copy of the Motor Vehicle Information Sheet. (Form A)
- Original and one copy of the Vehicle Release Information Worksheet (Form B)
- Original and one copy of the Vehicle Release Bond (Form C)
- Original and two copies of the Certificate to Release Motor Vehicle (Form D)
- Original and one copy of the Invoice or Bill from the repair shop. (Additional Attachment(s))
- Original Release of Cash or Surety Bond (Form E) to be used 60 days after posting the Bond, if no claim has been made by Defendant/Lienor for the funds deposited.

IN THE COUNTY COURT IN AND FOR
SANTA ROSA COUNTY, FLORIDA

MOTOR VEHICLE INFORMATION SHEET

Case Number: _____

PLEASE PRINT NEATLY

Owner of the Vehicle: _____

Address: _____

_____

Phone Number: _____

Repair Shop: _____

Address: _____

_____

Date of Bill: _____

Amount Due on Bill: $_____

Amount of Bond to be posted with Court: $ _____

(Amount of bill, plus storage charges, if any) $_____

_____ _____

Signature of Vehicle Owner Printed Name of Vehicle Owner

IN THE COUNTY COURT IN AND FOR
SANTA ROSA COUNTY, FLORIDA

VEHICLE RELEASE INFORMATION WORKSHEET

CASE NO. _____

_____	_____
Plaintiff/Lienee	Defendant/Lienor
_____	_____
_____	_____
_____	_____
Address	Address
_____	_____
Phone #	Phone #

STATEMENT OF CAUSE OF ACTION FOR RELEASE OF VEHICLE:

A brief statement pertaining to the facts of your claim; complete description of the vehicle with vehicle ID number. Provide copy of title and copy of invoice and/or work order with amount due.

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

IN THE COUNTY COURT IN AND FOR
SANTA ROSA COUNTY, FLORIDA

VEHICLE RELEASE BOND

CASE NO. _____

_____

Plaintiff / Lienee

Vs.

_____

Defendant / Lienor

BOND: CASH or SURETY

I, or We, _____, Lienee, as principal and _____ are bound to _____, Lienor, in the sum of $ _____ for payment of which we bind ourselves, our heirs, personal representatives, successors, and assigns, jointly and severally.

The Condition of this Bond is that if Lienee shall pay all costs and charges that are adjudged against Lienee in any subsequent action which might be filed in the appropriate Court, then this Bond is Void; otherwise, it remains in force.

Signed and Sealed on this ___day of _____, 20____.

_____

Signature of Principal – Lienee

_____

Printed Name of Principal – Lienee

_____

Surety's Name

Taken and Approved Before Me this ____ day of _____, 20____.

Jason D. English,Esq.
CLERK OF COURTS & COMPTROLLER,

By: _____
By: Deputy Clerk

IN THE COUNTY COURT
SANTA ROSA COUNTY, FLORIDA
CERTIFICATE TO RELEASE MOTOR VEHICLE

CASE NO: _____

To: _____

_____

_____

(Name and Address of Repair Shop)

Pursuant to Florida Statute 559.917, a cash bond in the amount of $_____, has been posted by:

_____

(Owner's Printed Name)

Whose address is, _____

_____.

Therefore, you are hereby directed to release the vehicle you are now holding to the aforesaid person.

Dated this _____of _____, 20____.

Jason D. English,Esq.
CLERK OF COURTS & COMPTROLLER,

_____

Deputy Clerk

Note: Florida Statute 559.917 The lienor shall have 60 days to file suit to recover the bond. The prevailing party in that action may be entitled to damages plus court costs and reasonable attorney's fees. If the lienor fails to file suit within 60 days after the posting of such bond, the bond shall be discharged.

Any motor vehicle repair shop who, upon receiving a copy of a certificate giving notice of the posting of the bond in the required amount, fails to release or return the property to the customer pursuant to this section is guilty of a misdemeanor of the second degree.

IN THE COUNTY COURT IN AND FOR SANTA ROSA COUNTY, FLORIDA
VEHICLE RELEASE FLORIDA CHAPTER 559

CASE NO. _____

_____
Plaintiff/Lienee

vs

_____
Defendant/Lienor

RELEASE OF CASH OR SURETY BOND

TO: Clerk of Courts & Comptroller Santa Rosa County Civil Court

Subject: Release of Funds Paid to Registry of Court Release of Vehicle Surety or Cash Bond

This is to advise the Court that No Case has been filed against me by the Lienor, within sixty (60) days after posting the bond.

According to Florida Statues 559.17:

_____ ☐ I am asking the Court to Discharge the Surety Bond.

_____ ☐ I am requesting the $_____ Cash Bond paid into the Registry of the Court be refunded to me.

Signed: _____, Lienee

Signed: _____, Lienee

Dated this _____day of _____, 20____.

Additional Forms

- Form 2.602, Designation of Email Address for A Party Not Represented By An Attorney, if you agree to provide an email address for service of court documents.

- Form 2.601, Request To Be Excused from Email Service, if you wish to be excused from this requirement. The clerk must approve your declaration for you to be eligible for exemption. You may seek review by a Judge by requesting a hearing time if the clerk does not approve your exemption from email service.

- Form 2.603, Notice of Change of Address or Designated Email Address, to update or change your email should the need arise. It is your responsibility to keep the court notified of any changes in your address, email address and telephone number. Check your email account, spam folders and junk mail often

IN THE COUNTY OF THE FIRST JUDICIAL CIRCUIT IN AND FOR
SANTA ROSA COUNTY, FLORIDA

_____
Plaintiff / Lienee CASE NO: _____
vs

_____
Defendant / Lienor

REQUEST TO BE EXCUSED FROM E-MAIL SERVICE
FOR PARTY NOT REPRESENTED BY ATTORNEY [FORM 2.601]

_____ requests to be excused pursuant to Fla. R. Gen. Prac. & Jud. Admin. 2.516(b)(1)(D) from the requirements of e- mail service because I am not represented by an attorney and:

- ☐ I do not have an e-mail account.
- ☐ I do not have regular access to the internet.

By choosing not to receive documents by e-mail service, I understand that I will receive all copies of notices, orders, judgments, motions, pleadings, or other written communications by delivery or mail at the following address:

_____

_____.

I understand that I must keep the clerk's office and the opposing party or parties notified of my current mailing address.

Pursuant to section 92.525, Florida Statutes, under penalties of perjury, I declare that I have read the foregoing request and that the facts stated in it are true.

CERTIFICATE OF SERVICE: I certify that a copy has been furnished by ☐e-mail, ☐delivery, ☐mail [choose one] on ___, to:

_____

_____

(insert name(s) and address(es))

Dated: _____ Signature: _____

Phone _____ Print Name: _____

CLERK'S DETERMINATION. Based on the information provided in this request, I have determined that the applicant is ☐ excused or ☐ not excused from the e-mail service requirements of Fla. R. Gen. Prac. & Jud. Admin. 2.516(b)(1)(C).

Dated: _____ Signature of Clerk: _____

A PERSON, WHO IS NOT EXCUSED, MAY SEEK REVIEW BY A JUDGE BY REQUESTING A HEARING TIME.

Sign here if you want the Judge to review the clerk's determination that you are not excused from the e- mail service requirements. You do not waive or give up any right to judicial review of the clerk's determination by not signing this part of the form:

Dated: _____ Signature: _____

Print Name: _____

IN THE COUNTY OF THE FIRST JUDICIAL CIRCUIT IN AND FOR
SANTA ROSA COUNTY, FLORIDA

_____,
Plaintiff / Lienee

CASE NO: _____

v.

_____,
Defendant / Lienor

DESIGNATION OF E-MAIL ADDRESS
FOR A PARTY NOT REPRESENTED BY AN ATTORNEY [FORM 2.602]

Pursuant to Fla. R. Gen. Prac. & Jud. Admin. 2.516(b)(1)(C),
I, _____, designate the e-mail address(es) below for electronic service of all documents related to this case.

By completing this form, I am authorizing the court, clerk of court, and all parties to send copies of notices, orders, judgments, motions, pleadings, or other written communications to me by e-mail or through the Florida Courts E-filing Portal.

I understand that I must keep the clerk's office and any opposing party or parties notified of my current mailing address or e-mail address. I will file a written notice with the clerk if my mailing address or e-mail address changes again.

Designated e-mail address: _____
Secondary designated e-mail address(es), if any:_____
_____

I certify that a copy has been furnished on _____, by ☐e-mail, ☐delivery, ☐mail [choose one] to: Clerk of Court for _____County, and

to: _____
_____
(insert name(s) and address(es))

Signature: _____

Printed Name: _____

E-mail address: _____

Address: _____

Phone number: _____