

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
DIVISION OF FLORIDA CONDOMINIUMS, TIMESHARES AND MOBILE HOMES

IN RE: PETITION FOR ARBITRATION

Petitioner(s),

v.

Case No _____

Respondent(s).

_____ /

ANSWER TO PETITION FOR ARBITRATION

Respondent shall file this answer, or an appropriate motion, within twenty (20) days of receipt of the petition for arbitration, unless this time is shortened by the arbitrator as set forth in the Order Requiring Answer. **Note to Respondent: Section 718.1255, F.S., provides that the prevailing party in an arbitration proceeding is entitled to collect its attorney's fees and costs from the party who loses. In other words, if you do not prevail, you will be required to pay petitioner's costs and reasonable attorney's fees. Therefore, early resolution of this dispute is encouraged.**

Name, mailing address, and phone number of Respondent (party filing this answer):

Name, mailing address, and phone number of Respondent's representative, if any:

If Respondent's representative is not an attorney, attach DBPR form ARB96-002, QUALIFIED REPRESENTATIVE APPLICATION, as required by Rule 61B-45.004, Florida Administrative Code.

RESPONSE TO STATEMENT OF THE FACTS

State those facts from the STATEMENT OF FACTS portion of the petition that you deny. Refer to the particular paragraph in the petition that you dispute. All facts not specifically denied will be considered admitted. A general denial does not satisfy the requirements of this paragraph. The answer shall not include a request for relief (counterclaim) against the petitioner. Any claim or request for relief must be filed as a new petition following the procedure provided in Rule 61B-45.017, F.A.C.

(1) _____

(2) _____

(3) _____

(4) _____

(5) _____

(6) _____

DEFENSES

State all defenses, including all facts supporting each defense, and all additional facts that may be relevant. General allegations are not sufficient. Attach any relevant documents to support these defenses.

(1) _____

(2) _____

(3) _____

(4) _____

CERTIFICATE OF SERVICE¹

I HEREBY CERTIFY that a true and correct copy of the foregoing has been furnished by U.S. Mail to:

on this _____ day of _____, 20_____.

Signature of each Respondent,
Respondent's(s) attorney, or
Respondent's(s) representative

¹ The original answer must be filed with the arbitrator at: Arbitration Section, DBPR, 1940 North Monroe Street, Tallahassee, Florida 32399-1029. In addition, a copy of the answer must be mailed to petitioner, petitioner's attorney, or petitioner's representative, as applicable.