



Environmental Protection and Growth Management Department

BUILDING CODE SERVICES DIVISION

1 North University Drive, Box #302 • Plantation, Florida 33324 • 954-765-4400 • broward.org/building

Central Examining Boards Restitution Trust Fund Claim Form

The Broward County Central Examining Boards Restitution Trust Fund shall be disbursed as provided in Sec. 9-141, et. seq, on order of the central examining boards or the hearing officer as reimbursement to any person to whom the central examining boards or the hearing officer have ordered restitution to be paid where the order for restitution is based upon a violation of Chapter 9 committed by any certified or uncertified contractor, business organization or financially responsible officer.

Any person seeking recovery from the Restitution Trust Fund after having made a claim and exhausting the limits of any available bond, cash bond, surety, guarantee, warranty, letter of credit, or policy of insurance must have made a diligent attempt to collect the restitution awarded by the board or the hearing officer as evidenced by completion of the sworn affidavit attached to this form.

Any amounts recovered by such person from the judgment debtor, the certified contractor, or uncertified contractor, business organization or financially responsible officer, or from any other source will be applied to the amount of restitution ordered by the board.

Claimant Information			
Name			
Address	City	State	Zip
Home Phone	Mobile Phone		
Business Phone	Email		

Contractor/Debtor Information			
Name			
Address	City	State	Zip
License No.			

A person is NOT qualified to make a claim for recovery from the Restitution Trust Fund if:

1. The complainant files a claim for recovery more than 2 years after the conclusion of any civil or administrative action based on the act, whichever is greater;
2. The claimant is the spouse of the judgment debtor or certified contractor or uncertified contractor, business organization or financially responsible officer or a personal representative of such spouse;
3. The claimant acted as the contractor in the transaction which is the subject of the claim;
4. Such person's claim is based upon a construction contract in which the certified contractor or uncertified contractor, business organization, or financially responsible officer was acting with respect to property owned or controlled by the certified contractor;
5. Such person was associated in a business relationship with the certified contractor or uncertified contractor, business organization or financially responsible officer other than the contract at issue;
6. The violation was based on a complaint against a tree trimmer.

Claim Details

Please give full details of your claim. Include facts, details and dates. Additional page(s) may be used if necessary.

In addition to your complete written statement, attach documentation of your contractual relationship with the certified or uncertified contractor, business organization or financially responsible officer and evidence supporting your claim including, but not limited to, copies of:

1. The final order of the central examining board or hearing officer directing that restitution is paid.
2. Contract with the certified or uncertified contractor, business organization or financially responsible officer.
3. Applicable bonds, sureties, guarantees, warranties, letter of credit and/or policies of insurance letters, documents and all other proof of efforts made to collection restitution/judgment.



Claims shall be paid in the order filed. Claims arising from the same transaction are limited to \$5,000.00. No claims will be processed until 45 days have lapsed from the entry of the restitution order or, if the order is appealed, 45 days after conclusion of the appeal(s).

Please read and complete the following questions. Failure to do so may result in delayed processing of your application.

1. Was the contract signed by both parties? Yes No

If yes, contract date: _____

➡ Please attach a copy of the contract

2. What was the total contract price? _____

3. What was the total amount paid to the contractor, business organization or financially responsible officer?

4. What is the amount of the claim you are requesting? _____

5. When did you discover the violation? _____ Date of violation: _____

6. Was a permit pulled from the building department? Yes No

If yes, was a final inspection passed? Yes No

➡ Please attach a copy of the permit

7. Did the Central Examining Board or hearing officer enter an order requiring restitution? Yes No

8. Did you file a complaint against the certified or uncertified contractor, business organization or financially responsible officer with the Broward County Central Examining Boards? Yes No

If yes, how much restitution was ordered? _____

➡ Please attach a copy of the order

9. Have you or has someone on your behalf initiated action against the contractor, business organization or financially responsible officer through the Florida court system? Yes No

If yes, is there a final court judgment or an ordered restitution from the court? Yes No

➡ Please attach a copy of the judgment

10. Have you made a diligent effort to collect payment from the contractor, business organization or financially responsible officer? Yes No

Please explain efforts made to collect payment:

11. **(a)** Are you the spouse of the certified or uncertified contractor, business organization or financially responsible officer? Yes No

(b) Did you act as the contractor in the transaction which is the subject of the claim? Yes No

AFFIDAVIT FOR RESTITUTION

STATE OF FLORIDA
COUNTY OF BROWARD

BEFORE ME, the undersigned authority, personally
appeared
(hereinafter the "affiant") who being first duly sworn, deposes and says:

- 1. Affiant is the claimant in Broward County case number ...
2. Affiant was awarded restitution by: [] the Board [] Hearing Officer ...
3. Affiant has made a diligent effort to collect the restitution amount ...
4. Affiant further says:
a) I have exhausted the limits of any available bond ...
b) I am not the spouse of the Respondent ...
c) I did not act as the contractor in the transaction ...
d) My claim is not based upon a construction contract ...
e) I am not associated in a business relationship ...
f) My claim is not based upon a contract in which I knew ...
g) I have made efforts to determine whether the contractor ...
h) I have provided documentation showing that efforts have been taken ...

I have read the foregoing, and I verify, on my personal knowledge, that the facts set forth in this affidavit are true.
FURTHER AFFIANT SAYETH NAUGHT.

AFFIANT:

Print Name: _____

The foregoing instrument was sworn to and subscribed before me in the State and County first above written this ___ day of ___, 20___, by _____ who is:

- [] Personally Known to me, or
[] Produced Identification.
Type of identification produced _____.

NOTARY PUBLIC-STATE OF FLORIDA:

Signature of Notary Public

Print, type, or stamp Commissioned Name

My commission expires:
Affix Seal Below