

**IN THE CIRCUIT COURT OF THE FIFTEENTH JUDICIAL CIRCUIT,  
IN AND FOR PALM BEACH COUNTY, FLORIDA**

CASE NO.:  
DIV.:

SANDRA JULMICE,

Plaintiff,

v.

PALM BEACH COUNTY SHERIFFS OFFICE,

Defendant.

**PLAINTIFF'S COMPLAINT AND DEMAND FOR JURY TRIAL**

**COMES NOW** Plaintiff, SANDRA JULMICE, by and through the undersigned counsel and hereby sues Defendant, PALM BEACH COUNTY SHERIFFS OFFICE, and alleges as follows:

**GENERAL ALLEGATIONS**

1. This is an action for damages in excess of Fifty Thousand (\$50,000.00) Dollars, exclusive of costs, interest and attorney's fees.
2. At all relevant times, SANDRA JULMICE, was a resident of Royal Palm Beach in Palm Beach County, State of Florida and is otherwise *sui juris*.
3. At all times relevant, Defendant PALM BEACH COUNTY SHERIFFS OFFICE, is a corporation, licensed to do business in the State of Florida and is otherwise *sui juris*.
4. All damages and any other further relief claimed in this Complaint arose out of an incident which occurred on or about April 16, 2024, in Palm Beach County, State of Florida.

5. Pursuant to 768.28, SANDRA JULMICE presented her claim against PALM BEACH COUNTY SHERIFFS OFFICE on or about August 18, 2025, and otherwise complied with the provisions of the said statute. Proof of mailing is attached as Exhibit "A" and incorporated as reference herein.

6. Pursuant to Florida Statute 768.28, Plaintiff made a demand to the PALM BEACH COUNTY SHERIFFS OFFICE on or about August 18, 2025, and otherwise complied with the provisions of the said statute.

7. To date, PALM BEACH COUNTY SHERIFFS OFFICE has failed to make a timely determination as to compensating Sandra Julmice for her injuries sustained in the April 16, 2024, incident.

#### **JURISDICTION AND VENUE**

8. Defendant PALM BEACH COUNTY SHERIFFS OFFICE, has submitted to the jurisdiction of the courts of the State of Florida under Section 47.011 and 64.022 of the Florida Statutes because Defendant PALM BEACH COUNTY SHERIFFS OFFICE, has operated, conducted, engaged in, or carried on a business or business venture in this State.

9. Venue in Palm Beach County, Florida is proper in this action under Section 47.011 of the Florida Statutes because the subject matter giving rise to this action occurred in this county.

#### **COUNT I - NEGLIGENCE OF DEFENDANT PALM BEACH COUNTY SHERIFFS OFFICE (VICARIOUS LIABILITY)**

10. Plaintiff re-alleges the allegations of Paragraphs 1 through 9 as if restated herein.

11. At all times material hereto, JAKIE CISSON was an employee of Defendant PALM BEACH COUNTY SHERIFFS OFFICE.

12. At all times material hereto, JAKIE CISSON was acting within the course and scope of his employment with Defendant PALM BEACH COUNTY SHERIFFS OFFICE.

13. At all times material hereto, Defendant PALM BEACH COUNTY SHERIFFS OFFICE is vicariously liable for the negligent acts of JAKIE CISSON while working within the course and scope of his employment with Defendant PALM BEACH COUNTY SHERIFFS OFFICE.

14. At all times material hereto, JAKIE CISSON had a duty to operate the subject motor vehicle with reasonable care.

15. At all times material hereto, JAKIE CISSON failed to use reasonable care in the operation of the subject motor vehicle.

16. On or about April 16, 2024 JAKIE CISSON rear-ended the vehicle driven by Plaintiff in Palm Beach County, Florida.

17. As a direct and proximate cause of the negligence of JAKIE CISSON, which is legally attributable to Defendant PALM BEACH COUNTY SHERIFFS OFFICE, SANDRA JULMICE suffered bodily injury and resulting pain and suffering, disability, mental anguish, loss of capacity for the enjoyment of life, expenses of hospitalization, medical and nursing care and treatment, loss of earnings, loss of ability to earn money, and aggravation or activation of a previously existing condition. The losses are permanent and continuing within a reasonable degree of medical probability and SANDRA JULMICE will suffer the losses in the future.

**WHEREFORE**, SANDRA JULMICE, demands judgment for damages against Defendant PALM BEACH COUNTY SHERIFFS OFFICE, including damages, costs, interest, and such other relief as this Court deems just and proper.

**JURY DEMAND**

SANDRA JULMICE hereby demands a trial by jury of all issues so triable.

**CERTIFICATE OF SERVICE**

**I HEREBY CERTIFY** that a true and correct copy of the foregoing will be served upon Defendant PALM BEACH COUNTY SHERIFFS OFFICE, and original was filed via Electronic Service via the Florida Courts E-Filing Eportal pursuant to the Supreme Court Administrative Order AOSC13-490 this 26 day of January, 2026.

*/s/ Marko Drago Nikitovic, Esq.*

**MARKO NIKITOVIC/**FL Bar No. 1033214

**CHRISTOPHER SPEZIOK/**FL Bar No. 1003695

**CAREY MELDON/** FL BAR No. 18494

**MELDON LAW**

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Gainesville, FL 32601

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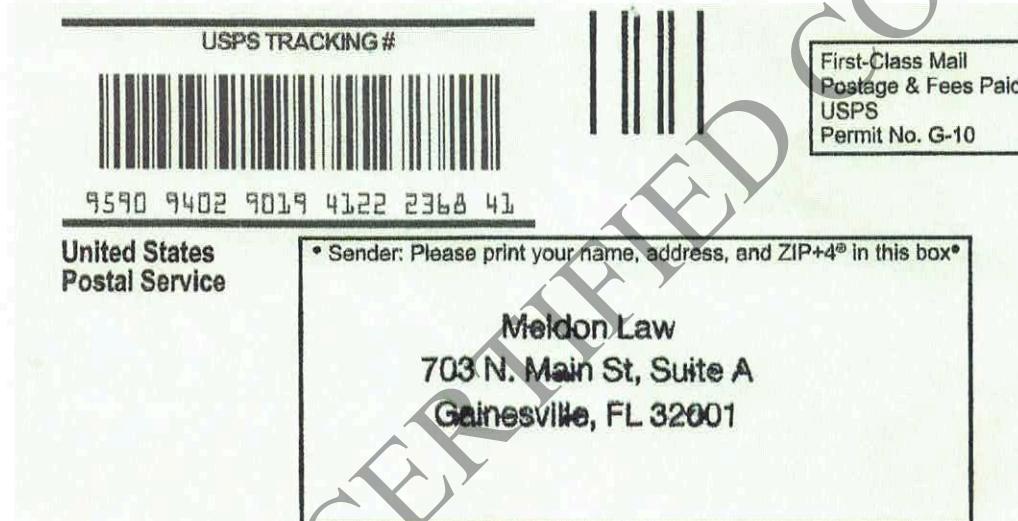
Email: [eservice@meldonlaw.com](mailto:eservice@meldonlaw.com)

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[jmontgomery@meldonlaw.com](mailto:jmontgomery@meldonlaw.com)

*Counsel for Plaintiff*

# EXHIBIT "A"



**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

**1. Article Addressed to:**

Dept of Transportation  
Office of General Counsel  
Claims  
605 Suwannee St.  
Tallahassee FL 32301



9590 9402 9019 4122 2368 41

**2. Article Number (Transfer from service label)**

9589 0710 5270 0218 2230 69

PS Form 3811, July 2020 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY****A. Signature** Agent  
 Addressee**B. Received by (Printed Name)****C. Date of Delivery**

11/10/24

**D. Is delivery address different from item 1?** Yes  
If YES, enter delivery address below: No**3. Service Type**

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Mail
- Mail Restricted Delivery (0)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Domestic Return Receipt

USPS TRACKING #



9590 9402 9019 4122 2368 58

United States  
Postal Service

\* Sender: Please print your name, address, and ZIP+4® in this box\*

Meldon Law  
703 N. Main St, Suite A  
Gainesville, FL 32601

First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

NOT A CERTIFIED COPY

S. Johnson

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**1. Article Addressed to:**

FL Dept of Fin Svcs.  
Division of Fresh Start  
200 E. Gaines Street  
Tallahassee FL 32301



9590 9402 9019 4122 2368 58

**2. Article Number (Transfer from service label)**9589 0710 5270 0336 4673 83       Restricted Delivery

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY****A. Signature**

Agent  
 Addressee

**B. Received by (Printed Name)****C. Date of Delivery**

**D. Is delivery address different from item 1?**  Yes  
If YES, enter delivery address below:  No

**3. Service Type**

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Collect on Delivery Restricted Delivery	

USPS TRACKING #



2368 65



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

United States  
Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box\*

Meldon Law  
703 N. Main St, Suite A  
Gainesville, FL 32601

S. Julmire-JT

**SENDER: COMPLETE THIS SECTION**

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- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
*Palm Beach Public Works  
301 N. Olive Ave.  
WAB, FL 33401*



9590 9402 9019 4122 2368 65

## 2. Article Number (Transfer from service label)

9589 0710 5270 0336 4674 82

PS Form 3811, July 2020 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X****MINCO**

Agent  
 Addressee

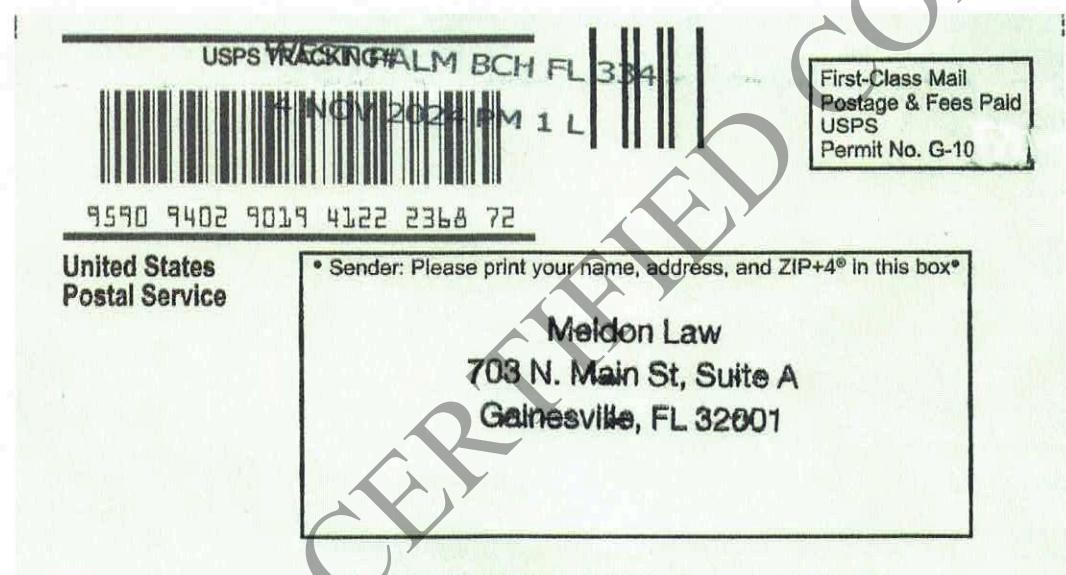
B. Received by (Printed Name)

C. Date of Delivery  
**11/4/24**D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

## 3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Restricted Delivery
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Mail Restricted Delivery (0)	

Domestic Return Receipt



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- Attach this card to the back of the mailpiece, or on the front if space permits.

**1. Article Addressed to:**

Palm Beach County Risk  
100 Australian Avenue  
WPB, FL 33406



9590 9402 9019 4122 2368 72

**2. Article Number (Transfer from service label)**

9589 0710 5270 0218 2230 52

**COMPLETE THIS SECTION ON DELIVERY****A. Signature** Agent  
 Addressee**B. Received by (Printed Name)****C. Date of Delivery****D. Is delivery address different from item 1?  Yes**If YES, enter delivery address below:  No**3. Service Type**

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Collect on Delivery Restricted Delivery	
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Mail Restricted Delivery (500)	