

IN THE CIRCUIT COURT OF THE EIGHTEENTH JUDICIAL  
CIRCUIT, IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA

Case No.: \_\_\_\_\_

Division: \_\_\_\_\_

\_\_\_\_\_,  
Petitioner,

and

\_\_\_\_\_,  
Respondent.

**NOTICE OF HEARING**

[ *do not* fill in **all** blanks]

TO: *{name of other party}* \_\_\_\_\_

There will be a hearing before Judge *{name}* \_\_\_\_\_,  
on *{date}* \_\_\_\_\_, at *{time}* \_\_\_\_\_ m., in Room \_\_\_\_\_ of the \_\_\_\_\_  
Courthouse, on the following issues: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

hour(s)/ \_\_\_\_\_ minutes have been reserved for this hearing.

**This part to be filled out by the court or to be filled in with information you obtained from the court:**

If you are a person with a disability who needs any accommodation in order to participate in this proceeding, you are entitled, at no cost to you, to the provision of certain assistance. Please contact

*{name}* \_\_\_\_\_,

*{address}* \_\_\_\_\_,  
\_\_\_\_\_, *{telephone}* \_\_\_\_\_,

within 2 working days of your receipt of this Notice of Hearing. If you are hearing or voice impaired, call TDD 1-800-955-8771.

If you are represented by an attorney or plan to retain an attorney for this matter, you should notify the attorney of this hearing.

If this matter is resolved, the moving party shall contact the judge's office to cancel this hearing.

I certify that a copy of this document was [ **one** only] ( ) mailed ( ) faxed and  
mailed ( ) hand delivered to the person(s) listed below on *{date}* \_\_\_\_\_.

**Other party or his/her attorney:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Party

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

**IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW: [ *do not* fill in **all** blanks]**

I, *{full legal name and trade name of nonlawyer}* \_\_\_\_\_,  
a nonlawyer, located at *{street}* \_\_\_\_\_, *{city}* \_\_\_\_\_,  
*{state}* \_\_\_\_\_, *{phone}* \_\_\_\_\_, helped *{name}* \_\_\_\_\_,  
who is the [  **one** only] \_\_\_ petitioner **or** \_\_\_ respondent, fill out this form.