

**IN THE CIRCUIT COURT OF THE 18<sup>th</sup> JUDICIAL CIRCUIT  
IN AND FOR BREVARD COUNTY, FLORIDA**

\_\_\_\_\_  
Petitioner, (Law Enforcement Agency)

Case Number: \_\_\_\_\_

v.

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

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

**ORDER SETTING FOURTEEN (14) DAY FINAL HEARING**

**To:** Petitioner, Petitioner's Address, Petitioner's Email Address  
Respondent, Respondent's Address, Respondent's Email Address

**YOU ARE HEREBY NOTIFIED THAT PURSUANT TO SECTION 790.401(3)(a),  
FLORIDA STATUTES, A HEARING ON A PETITION FOR A RISK PROTECTION  
ORDER HAS BEEN SCHEDULED BEFORE THIS COURT ON:**

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Courtroom** \_\_\_\_\_

**Location:** \_\_\_\_\_

**If the Petition is granted, you will be required to surrender immediately to the local law enforcement agency all firearms and any ammunition that you own or that are in your custody, control, or possession and any license to carry a concealed weapon or firearm issued to you under section 790.06, Florida Statutes. Thereafter, you will be prohibited from having in your custody or control, and prohibited from purchasing, possessing, receiving, or attempting to purchase or receive, a firearm or ammunition while this order is in effect.**

**DONE AND ORDERED** in Sanford, at Seminole County, on DDDD

**JJJJ**

**CERTIFICATE OF SERVICE**

I CERTIFY the foregoing is a true copy of the original Order Setting Fourteen (14) Day Final Hearing as it appears on file in the office of the Clerk of the Circuit Court of Seminole County, Florida, and that I have furnished copies of this order as indicated below.

**CLERK OF THE CIRCUIT COURT**

By: \_\_\_\_\_  
*{Deputy Clerk}*

Sheriff of Seminole County, Florida for service upon Respondent.

Petitioner (or his or her attorney):

- \_\_\_\_\_ by hand delivery in open court (Petitioner acknowledged receipt in writing on the face of the original order--see below.)
- \_\_\_\_\_ by certification by clerk (Petitioner failed or refused to acknowledge receipt of a certified copy)
- \_\_\_\_\_ by mail to last known address

Digital Recording: [seminoledigitalcourtreporters@flcourts18.org](mailto:seminoledigitalcourtreporters@flcourts18.org)

[SeminoleRPO@flcourts18.org](mailto:SeminoleRPO@flcourts18.org)

**ACKNOWLEDGMENT**

I, *{Name of Petitioner}* \_\_\_\_\_, acknowledge receipt of a certified copy of this Order.

Petitioner \_\_\_\_\_  
*{Signature of Petitioner}*

**REQUESTS FOR ACCOMMODATIONS BY PERSONS WITH DISABILITIES.**

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 the ADA Coordinator at Seminole Court Administration, 301 N. Park Avenue, Suite N301, Sanford, Florida 32771-1292, (407) 665-4227 at least 7 days before your scheduled court appearance, or immediately upon receiving this notification if the time before the scheduled appearance is less than 7 days; if you are hearing or voice impaired, call 711.