

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

CASE NO. \_\_\_\_\_  
DIVISION: \_\_\_\_\_

\_\_\_\_\_,  
Petitioner/Wife,  
and

\_\_\_\_\_,  
Respondent/Husband.

\_\_\_\_\_/

**NOTICE OF HEARING**

TO: [Name of attorney or party who served subpoena]

There will be a hearing before Judge \_\_\_\_\_ on  
\_\_\_\_\_, 20\_\_, at \_\_\_\_\_ a.m./p.m. in Room \_\_\_\_\_ of the  
\_\_\_\_\_ County Courthouse, on the following matter:

\_\_\_\_\_

\_\_\_\_\_ hours/minutes have been reserved for this hearing.

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.

**[You will need to get the information from your local courthouse to fill in this part]**

In accordance with the Americans with Disabilities Act of 1990, persons needing a special accommodation to participate in this proceeding should contact \_\_\_\_\_ for proceeding in court or \_\_\_\_\_ for out of court proceedings no later than 7 days before the proceeding. Telephone \_\_\_\_\_ or \_\_\_\_\_ for assistance. If hearing impaired, telephone (TDD) \_\_\_\_\_ for proceedings in court or Florida Relay Service, 1-800-955-8771, for out of court proceedings.

I CERTIFY THAT THE NOTICE OF HEARING WAS: (✓ one only) \_\_\_\_\_ mailed, \_\_\_\_\_ telefaxed and mailed, or \_\_\_\_\_ hand delivered to the person(s) listed below on \_\_\_\_\_, 20\_\_.

**Party or their attorney if represented**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (area code and number) \_\_\_\_\_

Telefax (area code and number) \_\_\_\_\_

**Other**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (area code and number) \_\_\_\_\_

Telefax (area code and number) \_\_\_\_\_

Signature of party  
signing certificate  
and affidavit

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

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (area code and number) \_\_\_\_\_

Telefax (area code and number) \_\_\_\_\_