

**IN THE COURT, EIGHTEENTH JUDICIAL CIRCUIT,
BREVARD COUNTY, FLORIDA**

DIVISION:

CASE NUMBER: 05- - - -

PLAINTIFF/PETITIONER

DEFENDANT/RESPONDENT

NOTICE OF HEARING

HEARING INFORMATION:

DATE:

JUDGE:

TIME:

LOCATION:

RE: _____

TO:

YOU ARE HEREBY NOTIFIED that a hearing will be held at the date, time, and location indicated above.

Pursuant to Rule 12.105(b), Florida Family Law Rules of Procedure, BOTH PARTIES MUST BE PRESENT at the scheduled hearing. (Simplified Dissolution of Marriage proceedings only)

Signature

Date

Address

City/State/Zip

Telephone Number

Email

NOTICE OF HEARING

CASE NUMBER: 05- - - -

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on the _____ day of _____, 20____,
I hand-delivered mailed e-mailed faxed couriered
the foregoing to the following parties:

Signature

REQUEST 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 Brevard Court Administration at The Moore Justice Center, 2825 Judge Jamieson Way, 3rd Floor, Viera, FL 32940-8006, (321) 633-2171 ext. 3, 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.