

IN THE CIRCUIT COURT IN AND FOR ESCAMBIA COUNTY, FLORIDA

_____, Petitioner

Case No. _____

Division _____

vs.

_____, Respondent.

NOTICE OF HEARING

TO: _____

(Name)

(Address)

PLEASE TAKE NOTICE that undersigned will call on for hearing the

_____ in the above action before the

Honorable " Michael Jones " Ron Swanson " Michael Allen

" Edward P. Nickinson III " Jan Shackelford " Ross Goodman, Circuit Judge,

" Keith A. McIver, Magistrate,

on the " 3rd Floor " 5th Floor " 6th Floor of the M.C. Blanchard Judicial Building, 190

Governmental Center, Pensacola, Florida 32502, at " 1800 St. Mary Avenue, Pensacola, Florida

32501 on the following date and time:

HEARING DATE: _____, 20____ **TIME:** _____ AM / PM

PLEASE GOVERN YOURSELF ACCORDINGLY.

If you are a person with a disability who needs any accommodation in order to participate in this proceeding you are entitled to certain assistance (at no cost to you). Please contact Sheila Sims, Chief Deputy Court Administrator, Office of Court Administration, (850) 595-4400, M. C. Blanchard Judicial Center, 5th Floor, 190 Governmental Center, Pensacola, Florida 32502 within 2 working days of your receipt of this Notice; If you are hearing or voice impaired, please call 771.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY a copy of this Notice of Hearing was [U one only] () furnished to the sheriff for service on respondent () mailed () faxed and mailed () hand delivered to the above-named respondent on the ____ day of _____, 20____.

Petitioner's Signature

Petitioner's Name - Printed or Typed

Petitioner's Address

Telephone: (____) _____