

IN THE CIRCUIT COURT OF THE _____ JUDICIAL CIRCUIT, IN
AND FOR _____ COUNTY, FLORIDA

REF: _____
UCN: _____
Division: _____

_____,
Petitioner,

and

_____,
Respondent.

_____ /

MOTION TO/FOR:

_____, respectfully moves this Honorable Court to grant
this Motion to/for _____, and as grounds therefore would show:

1. _____

2. _____

3. _____

4. _____

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a copy hereof has been furnished by mail/hand
delivery/personal service to the persons listed below this _____ day of _____, 20__.

Party or their attorney(if represented)
Name _____
Address _____

City State Zip
Telephone No. _____
Telefax No. _____

Other
Name _____
Address _____

City State Zip
Telephone No. _____
Telefax No. _____

DATED: _____

Signature of party signing certificate and pleading

Printed name _____

Address _____

City State Zip

Telephone (area code and number)

Telefax (area code and number)

IF A NONLAWYER HELPED YOU FILL OUT THIS FORM THEY MUST FILL IN THE BLANKS BELOW:

I, (name of nonlawyer) _____, a nonlawyer, located at
(street) _____ (city) _____ (state) _____
(phone) _____, helped (name) _____, who is the
[check one only] ___ petitioner or ___ respondent, fill out this form.

**CIRCUIT/COUNTY COURT, PINELLAS COUNTY, FLORIDA
CIVIL DIVISION**

CASE NO. _____

Plaintiff(s)

vs.

Defendant(s)

ORDER

The foregoing cause coming on this day to be heard upon

and the court being fully advised in the premises, it is thereupon ordered and adjudged that _____

DONE AND ORDERED at _____, Florida, this _____
day of _____, 20 ____.

CIRCUIT/COUNTY JUDGE

"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. Within two (2) working days of your receipt of this ORDER, please contact the Office of Human Rights, 400 S. Ft. Harrison Ave., Ste. 300, Clearwater, FL 33756 (727) 464-4062 (V/TDD)."