

**IN THE COUNTY COURT OF THE SIXTH JUDICIAL CIRCUIT IN AND FOR
PINELLAS COUNTY, FLORIDA**

Case No: _____

Plaintiff(s)

vs.

Defendant(s)

NOTICE OF HEARING

TO: Defendant(s): _____

There will be a hearing before Judge _____
on *{date}* _____, at *{time}* _____, in Room _____
of the Pinellas County Courthouse located at _____
on the following issues:

_____ hour(s)/_____ minutes have been reserved for this hearing.

If this matter is resolved, the moving party shall contact the judge's office to cancel this hearing.

I certify that a copy of this document was [**one** only] mailed faxed and mailed
 hand delivered to the person(s) listed below on the ____ day of _____, 20____.

Defendant: _____

Address: _____

City, State, Zip: _____

Dated: _____

Signature of Plaintiff(s)

Print Name: _____

Address: _____

City, State, Zip: _____

Telephone No: _____

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 Pinellas County Office of Human Rights**, 400 South Fort Harrison Avenue, 5th Floor, Clearwater, Florida 33756, (727) 464-4062, within 2 working days of your receipt of this Notice of Hearing. If you are hearing or voice impaired, call TDD 1-800-955-8771.