

**COUNTY COURT, PINELLAS COUNTY, FLORIDA  
SMALL CLAIMS DIVISION**

UCN: \_\_\_\_\_ Reference No.: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
Plaintiff(s)

vs.

\_\_\_\_\_  
\_\_\_\_\_  
Defendant(s)

**MOTION**

Plaintiff(s)/Defendant(s), \_\_\_\_\_  
moves the Court to \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Plaintiff(s)/Defendant(s)

\_\_\_\_\_  
Address

Telephone: \_\_\_\_\_

**NOTICE OF HEARING**

**YOU ARE HEREBY** notified that a Hearing on the above Motion has been set before  
Judge \_\_\_\_\_, in Room No. \_\_\_\_\_,  
\_\_\_\_\_, Florida,  
at \_\_\_\_\_ o'clock \_\_\_\_\_ M., the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

**I CERTIFY** that a copy of the foregoing Motion and Notice of hearing was furnished by:

\_\_\_\_\_  
to \_\_\_\_\_  
at (address) \_\_\_\_\_  
this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Plaintiff(s)/Defendant(s)

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 Human Rights Office, 400 S. Fort Harrison Ave., Ste. 300, Clearwater, FL 33756, (727) 464-4062 within 2 working days of your receipt of this Motion of Notice of Hearing; if you are hearing or voice impaired, call 1-800-955-8771.