

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

Reference 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.