

**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.