

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)."