

**IN THE CIRCUIT COURT OF THE THIRTEENTH JUDICIAL CIRCUIT OF
THE STATE OF FLORIDA, IN AND FOR HILLSBOROUGH COUNTY,
CIVIL DIVISION**

PLAINTIFF(S)

CASE NUMBER:

vs.

DIVISION "L"

DEFENDANT(S)

_____ /

REQUEST FOR ORAL ARGUMENT

INSTRUCTIONS: PLEASE FILL OUT THIS FORM COMPLETELY AND FORWARD IT WITH A COPY OF THE MOTION BY EMAIL TO DivisionL@fljud13.org or FAX TO 813-301-3818. WITH THE EXCEPTION OF A MOTION FOR SUMMARY JUDGMENT, YOU MUST FIRST FILE YOUR MOTION BEFORE YOU CAN REQUEST AND RECEIVE A HEARING DATE. PLEASE DO NOT RESEND THIS REQUEST FOR HEARING BY MAIL.

1. Motion for which hearing is requested (full title) _____

_____ non-evidentiary (legal argument only) _____ evidentiary (testimony required)

(Courtesy copy of motion(s) must be attached)

2. Amount of time requested for the hearing (total to be divided equally): _____ minutes.

3. To be completed by counsel or pro se litigant: I certify that a copy of the motion(s) has been received by the opposing counsel or party. Check one below:

_____ I have conferred with the opposing counsel or pro se party in a good faith effort to resolve the matter(s) without a hearing and to determine the amount of time requested for the hearing; I spoke with _____ on _____

_____ I have been unable to confer with opposing counsel or pro se party because (state circumstances):

Signature of Attorney or Pro Se party

4. For Emergency Motion only; I hereby certify this matter as an Emergency in my judgment, the grounds of which are reflected in the motion itself, including any facts regarding urgency.

Signature of attorney or pro se party

I hereby certify the above hearing request and accompanying motion were served by fax/mail this ___ day of _____, 20___ pursuant to the Florida Rules of Civil Procedure to:

Attorney for or Pro Se

Bar Number

Address

Phone