INSTRUCTIONS FOR FLORIDA SUPREME COURT APPROVED FAMILY LAW FORM 12.923, NOTICE OF HEARING (GENERAL)

When should this form be used?

Anytime you have set a hearing before a <u>judge</u>, you must send notice of the <u>hearing</u> to the other party. **IMPORTANT**: If your hearing has been set before a general magistrate, you should use **Notice of Hearing Before General Magistrate**, $\mathcal{O} \square$ Florida Family Law Rules of Procedure Form 12.920(c). If your hearing has been set before a child support enforcement hearing officer, you should use **Notice of Hearing (Child Support Hearing Officer)**, $\mathcal{O} \square$ Florida Supreme Court Approved Family Law Form 12.921.

This form should be typed or printed in black ink. After completing this form, you should <u>file</u> the original with the <u>clerk of the circuit court</u> in the county where your case was filed and keep a copy for your records.

What should I do next?

A copy of this form must be mailed **or** hand delivered to the other party in your case. If a **default** has been entered, you must still send this form to the other party to notify the other party of the **final hearing**.

Where can I look for more information?

Before proceeding, you should read "General Information for Self-Represented Litigants" found at the beginning of these forms. For further information on serving notices of hearing, see rule 1.090(d), Florida Civil Rules of Procedure.

Special notes...

To set a hearing date and time, you will usually have to make a good-faith effort to coordinate a mutually convenient date and time for you, the other parties in the case, and the judge, except in certain emergency situations. Some circuits may have additional procedural requirements that you must follow when you notify the court and other parties of your scheduled hearing. Therefore, before you complete this form, you should contact the clerk's office, **family law intake staff**, or **judicial assistant** for information regarding the proper procedure to follow.

Remember, a person who is NOT an attorney is called a nonlawyer. If a nonlawyer helps you fill out these forms, that person must give you a copy of **Disclosure from Nonlawyer**, I Florida Family Law Rules of Procedure Form 12.900 (a), before he or she helps you. A nonlawyer helping you fill out these forms also **must** put his or her name, address, and telephone number on the bottom of the last page of every form he or she helps you complete.

IN THE CIRCUIT COURT OF THE THIRTEENTH JUDICIAL CIRCUIT, IN AND FOR HILLSBOROUGH COUNTY, FLORIDA

	Case No.:
	Division:
	Petitioner,
	and
	Respondent.
	NOTICE OF HEARING (GENERAL)
[≰ fill in	all blanks]
TO: {	name of other party}
	here will be a hearing before Judge {name},
on {date}	, at {time} m., in Room of the
Courthou	se, on the following issues:
	hour(s)/ minutes have been reserved for this hearing.
This part	to be filled out by the court or to be filled in with information you obtained from the court:
Pw-	, to so 11110th out sign that court of to so 11110th 111 1110th 110th 110th 110th 110th 110th 110th 110th 110th
т	f way are a margar with a disability who made any accommodation in
	f you are a person with a disability who needs any accommodation in
	o participate in this proceeding, you are entitled, at no cost to you, to the
_	on of certain assistance. Please contact the ADA Coordinator,
	rough County Courthouse, 800 E. Twiggs St., Room 604, Tampa, Florida
	(813) 272-7040, at least 7 days before your scheduled court appearance, or
immed	iately upon receiving this notification if the time before the scheduled
appear	ance is less than 7 days; if you are hearing or voice impaired, call 711.
T4	you are represented by an attorney or plan to retain an attorney for this matter, you should notify
	ey of this hearing.
14	this matter is resolved, the moving party shall contact the judge's office to cancel this hearing.
11	. and matter is reserved, the moving party shan contact the judge s office to cancel this hearing.

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Other party or his/her attorney:	
Name:	
Address:	
City, State, Zip:	
Fax Number:	
Dated:	
	Signature of Party
	Printed Name:
	Address:
	City, State, Zip:
	Telephone Number:Fax Number:
	Tax Number.
	L OUT THIS FORM, HE/SHE MUST FILL IN THE
BLANKS BELOW: [$ ot \bowtie$ fill in all blanks]	
${ m I},$ [full legal name and trade name of nonlawy	ver}
a nonlawyer, located at {street}	, {city}
{state}, {phone}	, helped {name}
who is the $[\sqrt{\mathbf{one}} \text{ only}]$ petitioner or	