

IN THE CIRCUIT COURT OF THE _____ JUDICIAL CIRCUIT,
IN AND FOR _____ COUNTY, FLORIDA

Case No: _____
Division: _____

Petitioner,

and

Respondent.

NOTICE OF HEARING BEFORE GENERAL MAGISTRATE

[fill in all blanks]

TO: _____

There will be a hearing before General Magistrate *{name of general magistrate}* _____,
on *{date}* _____, at *{time}* ____ m., in Room _____ of the _____
Courthouse, on the following issues: _____

_____ hour(s)/ _____ minutes have been reserved for this hearing.

PLEASE GOVERN YOURSELF ACCORDINGLY.

If the matter before the General Magistrate is a Motion for Civil Contempt/Enforcement, FAILURE TO APPEAR AT THE HEARING MAY RESULT IN THE COURT ISSUING A WRIT OF BODILY ATTACHMENT FOR YOUR ARREST. IF YOU ARE ARRESTED, YOU MAY BE HELD IN JAIL UP TO 48 HOURS BEFORE A HEARING IS HELD.

IF THIS IS A CONTEMPT PROCEEDING:

YOUR ABILITY TO PAY IS A CRITICAL ISSUE IN A CONTEMPT PROCEEDING;

YOU ARE STRONGLY URGED TO PREPARE AND FILE A FAMILY LAW FINANCIAL AFFIDAVIT PRIOR TO THE HEARING IN ORDER FOR THE COURT TO BE ABLE TO ELICIT RELEVANT FINANCIAL INFORMATION FROM YOU; YOU WILL BE PROVIDED AN OPPORTUNITY AT THE HEARING TO RESPOND TO STATEMENTS AND QUESTIONS ABOUT YOUR FINANCIAL STATUS; AND

TO BE HELD IN CONTEMPT, THE COURT MUST MAKE AN EXPRESS FINDING THAT YOU HAVE THE ABILITY TO PAY.

PLEASE GOVERN YOURSELF ACCORDINGLY.

This part to be filled out by the court or filled in with information you have obtained from the court:

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:

{identify applicable court personnel by name, address, and telephone number}
at least 7 days before your scheduled court appearance, or immediately upon receiving this notification if the time before the scheduled appearance is less than 7 days; if you are hearing or voice impaired, call 711.

SHOULD YOU WISH TO SEEK REVIEW OF THE RECOMMENDED ORDER MADE BY THE GENERAL MAGISTRATE, YOU MUST FILE A MOTION TO VACATE IN ACCORDANCE WITH RULE 12.490(e), FLORIDA FAMILY LAW RULES OF PROCEDURE. YOU WILL BE REQUIRED TO PROVIDE THE COURT WITH A RECORD SUFFICIENT TO SUPPORT YOUR MOTION TO VACATE, OR YOUR MOTION WILL BE DENIED. A RECORD ORDINARILY INCLUDES A WRITTEN TRANSCRIPT OF ALL RELEVANT PROCEEDINGS UNLESS WAIVED BY ORDER OF THE COURT PRIOR TO ANY HEARING ON THE MOTION TO VACATE. THE PERSON SEEKING REVIEW MUST HAVE THE TRANSCRIPT PREPARED FOR THE COURT'S REVIEW.

YOU ARE HEREBY ADVISED THAT IN THIS CIRCUIT:

- a. _____ electronic recording is provided by the court. A party may provide a court reporter at that party's expense.
- b. _____ a court reporter is provided by the court.
- c. _____ no electronic recording is provided by the court and the court does not provide a court reporter. A party may provide a court reporter at that party's expense.

If you are represented by an attorney or plan to retain an attorney for this matter you should notify the attorney of this hearing.

If this matter is resolved, the moving party shall contact the General Magistrate's Office to cancel this hearing.

I certify that a copy of this document was [check **one** only]: () mailed () faxed and mailed () hand delivered to the person(s) listed below on {date} _____.

Other party or his/her attorney:

Name: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____

Fax Number: _____

Email Address(es): _____

Signature of Party or his/her Attorney

Printed Name: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____

Fax Number: _____

Email Address(es): _____

Florida Bar Number: _____

IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW:

[fill in **all** blanks] This form was prepared for the: *{choose only one}* () Petitioner () Respondent

This form was completed with the assistance of:

{name of individual} _____,

{name of business} _____,

{address} _____,

{city} _____, *{state}* _____, *{telephone number}* _____.