

IN THE CIRCUIT COURT OF THE SIXTH JUDICIAL CIRCUIT,  
IN AND FOR PINELLAS COUNTY, FLORIDA

\_\_\_\_\_

Petitioner,

vs.

REF. NO. \_\_\_\_\_

\_\_\_\_\_  
Respondent.

\_\_\_\_\_ /

**NOTICE OF HEARING BEFORE GENERAL MAGISTRATE**

TO: \_\_\_\_\_  
\_\_\_\_\_

There will be hearing before General Magistrate Mark E. Chancey on \_\_\_\_\_,  
at \_\_\_\_\_ m. in **Courtroom J** at **501 – 1<sup>st</sup> Ave., N., St. Petersburg, FL 33701**, 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 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 UP TO 48 HOURS BEFORE A HEARING IS HELD.**

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**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.  
Ft. Harrison Ave., Ste. 300, Clearwater, FL 33756, (727) 464-4062 (V/TDD) 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 REPORT AND  
RECOMMENDATION MADE BY THE GENERAL MASTER, YOU MUST FILE  
EXCEPTIONS IN ACCORDANCE WITH RULE 12.490(f), FLA. FAM. L. R. P. YOU**

**WILL BE REQUIRED TO PROVIDE THE COURT WITH A RECORD SUFFICIENT TO SUPPORT YOUR EXCEPTIONS OR YOUR EXCEPTIONS WILL BE DENIED. A RECORD ORDINARILY INCLUDES A WRITTEN TRANSCRIPT OF ALL RELEVANT PROCEEDINGS. THE PERSON SEEKING REVIEW MUST HAVE THE TRANSCRIPT PREPARED IF NECESSARY FOR THE COURT'S REVIEW.**

YOU ARE HEREBY ADVISED THAT IN THIS CIRCUIT:

Electronic recording is provided by the court. 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 mailed to the person(s) listed below on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Assistant to General Magistrate

**Other party or his/her attorney:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Telephone No. \_\_\_\_\_

**Party Requesting Hearing:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone No. \_\_\_\_\_

**Additional party/Address (if appropriate):**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Telephone No. \_\_\_\_\_

**IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW:** (fill in **all** blanks)

I (*full legal name and trade name of nonlawyer*) \_\_\_\_\_,  
a nonlawyer, located at (*street*) \_\_\_\_\_, (*city*) \_\_\_\_\_,  
(*state*) \_\_\_\_\_, (*phone*) \_\_\_\_\_ helped (*name*) \_\_\_\_\_  
\_\_\_\_\_, who is the (✓ **one** only) \_\_\_ Petitioner or \_\_\_ Respondent, fill  
out this form.