

IN THE CIRCUIT COURT OF THE ___SIXTH___ JUDICIAL CIRCUIT,
IN AND FOR ___PINELLAS___ COUNTY, FLORIDA

Case No.: _____

Division: _____

Petitioner,

and

Respondent.

NOTICE OF HEARING (CHILD SUPPORT ENFORCEMENT HEARING OFFICER)

TO: *{name of other party}*: _____

There will be a hearing before Child Support Hearing Officer *{name}* Mark E. Chancey,
on *{date}* _____, at *{time}* _____ m., in **Courtroom _J_ of the Pinellas County
Courthouse, at 501 1st Ave. N., St. Petersburg, FL 33701**, on the following issues:

_____.

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

PLEASE GOVERN YOURSELF ACCORDINGLY.

TO **SCHEDULE AN INTERPRETER** FOR YOUR HEARING, PLEASE CALL **(727) 453-7177**

If the matter before the Child Support Enforcement Hearing Officer 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 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: Human Rights Office, 400 S. Ft. Harrison Ave. # 500, Clearwater, FL 33756 (727) 464-4062

***{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.**

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 hearing officer's office to cancel this hearing.

I certify that a copy of this document was [Choose only **one**]
() 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: _____
Fax Number: _____
Email Address: _____

Other party (if applicable):

Name: _____
Address: _____
City, State, Zip: _____
Fax Number: _____
Email Address: _____

Dated: _____

Signature of Party
Printed Name: _____
Address: _____
City, State, Zip: _____
Telephone Number: _____
Fax Number: _____
Email Address: _____

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, whose address is {street} _____,
{city} _____ {state} _____, {phone} _____,
helped {name} _____
who is the [Choose only **one**] ___ petitioner **or** ___ respondent, fill out this form.