

## Procedures for Motions & Notice of Hearing St Petersburg Child Support Hearing Officer

**What is a Motion?** Before the Child Support Hearing Officer can hear your case, you must first put in writing what you are asking the Court to do and why. Usually this is done in the form of a *Motion*.

**\*If this Motion is filed after a Final Judgment has been entered:** A Motion should **not** be used to modify any provisions of a Final Judgment. Instead, a Supplemental Petition must usually be filed.

### What is the procedure to schedule a Motion for Hearing?

Make 4 copies of the completed Motion and Notice of Hearing form

- Completed originals must be filed in person or mailed to:  
Clerk of the Court  
545 First Ave. N  
St Petersburg, FL 33701
- Copy 1 to :  
Department of Revenue  
11351 Ulmerton Road, Suite 207  
Largo, Florida 33778
- Copy 2 to:  
Office of the Attorney General/ Child Support Enforcement  
P.O. Box 3342  
St Petersburg, FL 33731
- Copy 3 to:  
The other party (Custodial Parent/Relative or Non-Custodial Parent) or their attorney. It is your responsibility to notice this party. If you do not know their address, visit the clerk's office and review the court file for the other party's address. The Hearing Officer's assistant does not have this information.
- Copy 4 to: Keep for your records

All hearings in St. Petersburg for Child Support are conducted at: 501 First Avenue N, 2<sup>nd</sup> Floor Annex, Courtroom K, St Petersburg, FL 33701.

To obtain a hearing date before the St Petersburg Child Support Hearing Officer or other questions, please call **(727) 582-7732**.

**Where can I look for more information?** Further information is available in the *General Information for Self-Represented Litigants* found at: [www.flcourts.org](http://www.flcourts.org) or contact Pinellas Clerk of Court's Self-Help Center at (727) 821-0726. **See Rule 12.941, Florida Family Law Rules of Procedure.**

**MOTION EXAMPLE**  
IN THE CIRCUIT COURT OF THE 6<sup>TH</sup> JUDICIAL CIRCUIT, IN  
AND FOR PINELLAS COUNTY, FLORIDA

REF: (your pinellas county case number)  
UCN: (your statewide uniform case number)  
Division: (court division of your case)

(The name of the person who filed the case originally) ,  
Petitioner,  
and

(The name of the other party in this case) ,  
Respondent.

\*\*SAMPLE\*\*

MOTION TO/FOR: (What you are asking for)

(Your name), respectfully moves this Honorable Court to grant this Motion to/for (What you are asking for), and as grounds therefore would show:

1. (Why you think you should get what you are asking for)

2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* The below section must be completed. Here you are certifying that you have provided a copy of your pleadings to the other party, and how you did so.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a copy hereof has been furnished by mail/hand delivery/personal service to the persons listed below this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Petitioner  Respondent  Attorney

Name \_\_\_\_\_  
Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone No. \_\_\_\_\_

Department of Revenue  
Attn:Child Support Enforcement  
11351 Ulmerton Road,Suite 207  
Largo, Florida 33778

Attorney General's Office  
Attn:Child Support Enforcement  
P.O. Box 3342  
St Petersburg, FL 33731

**YOU MUST SIGN ALL MOTIONS**

Signature of party signing certificate and pleading

Printed name \_\_\_\_\_

Address ADDRESS REQUIRED \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (area code and number) \_\_\_\_\_

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

CASE NO: \_\_\_\_\_

\_\_\_\_\_,  
Petitioner,  
and

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

**MOTION TO/FOR:** \_\_\_\_\_

\_\_\_\_\_, respectfully moves this Honorable Court to grant this Motion to/for  
\_\_\_\_\_, and as grounds therefore would show:

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_
4. \_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that a copy hereof has been furnished by  mail  hand delivery  personal service to the persons/agencies listed below this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Petitioner  Respondent  Attorney

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone No. \_\_\_\_\_

Department of Revenue  
Attn:Child Support Enforcement  
11351 Ulmerton Road,Suite 207  
Largo, Florida 33778

Attorney General's Office  
Attn:Child Support Enforcement  
P.O. Box 3342  
St Petersburg, FL 33731

DATED: \_\_\_\_\_

\_\_\_\_\_  
Signature of party signing certificate and pleading

Printed name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (area code and number) \_\_\_\_\_

**IF A NONLAWYER HELPED YOU FILL OUT THIS FORM THEY MUST FILL IN THE BLANKS BELOW:**

I, (name of nonlawyer) \_\_\_\_\_, a nonlawyer, located at  
(street) \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (phone) \_\_\_\_\_, helped  
(name) \_\_\_\_\_, who is the  
[check one only] \_\_\_petitioner or \_\_\_respondent, fill out this form.

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

CASE NO: \_\_\_\_\_

\_\_\_\_\_,  
Petitioner,  
and

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

**NOTICE OF HEARING (CHILD SUPPORT ENFORCEMENT HEARING OFFICER)**

TO: {name of other party}: \_\_\_\_\_

There will be a hearing before Child Support Enforcement Hearing Officer {name} \_\_\_\_\_,  
on {date} \_\_\_\_\_, at {time} \_\_\_\_\_ m., \_\_\_\_\_ minutes have been reserved for this hearing.

located at: **501 1<sup>st</sup> Avenue N., 2nd Floor Annex, COURTROOM K, St. Petersburg, FL, 33701**

on the following Motion / Petition: \_\_\_\_\_

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. Within two (2) working days of your receipt of this Order Setting Review Hearing please contact the Human Rights Office, 400 S. Ft. Harrison Ave., 5th Floor, Clearwater, FL 33756, (727)464-4062(V/TDD).** 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  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: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Department of Revenue / Attn:Child Support Enforcement  
11351 Ulmertown Road, Suite 207  
Largo, Florida 33778  
 Attorney General's Office / Attn:Child Support Enforcement  
P.O. Box 3342  
St Petersburg, FL 33731

Dated: \_\_\_\_\_

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