

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

**IN RE:**

\_\_\_\_\_  
**Petitioner,**

**vs.**

**CASE/REF. NO.:** \_\_\_\_\_

**SECTION NO.:** \_\_\_\_\_

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

**NOTICE OF HEARING BEFORE GENERAL MAGISTRATE**

**TO:** *(name of other party)* \_\_\_\_\_

There will be a hearing before General Magistrate Eve Walker on \_\_\_\_\_, at \_\_\_\_\_ m., in **Room 438 at 315 Court Street, Clearwater, FL 33756**, 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.

SHOULD YOU WISH TO SEEK REVIEW OF THE REPORT AND RECOMMENDATION MADE BY THE GENERAL MAGISTRATE, YOU MUST FILE EXCEPTIONS IN ACCORDANCE WITH RULE 12.490(f), FLORIDA FAMILY LAW RULES OF PROCEDURE. 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 AN ELECTRONIC RECORDING IS PROVIDED BY THE COURT.

The Petitioner/Moving Party should bring four stamped, addressed business-size envelopes to the hearing. Two should be addressed to the Petitioner and two should be addressed to the Respondent. **Appearance of the parties, and counsel if obtained, is mandatory unless excused by the undersigned General Magistrate.**

**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 THE PROVISION OF CERTAIN ASSISTANCE. WITHIN SEVEN (7) WORKING DAYS OF YOUR RECEIPT OF THE NOTICE PLEASE CONTACT THE HUMAN RIGHTS OFFICE, 400, S. FORT HARRISON AVE., SUITE 300, CLEARWATER, FL 33756 (727)464-4062 (V/TDD). IF YOU ARE HEARING OR VOICE IMPAIRED, CALL 711.**

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

**CERTIFICATE OF SERVICE**

I CERTIFY THAT A COPY OF THIS DOCUMENT WAS MAILED TO THE BELOW-LISTED PERSONS ON THIS \_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
General Magistrate Assistant  
315 Court Street, Room 438  
Clearwater, FL 33756

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: \_\_\_\_\_