

**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 (CHILD SUPPORT ENFORCEMENT HEARING OFFICER)

TO: *(name of other party)* _____

There will be a hearing before Child Support Hearing Officer EVE WALKER, on _____, at _____ m., in **Room 438 of the Pinellas County Courthouse, at 315 Court Street in 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 Child Support Hearing Officer 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.**

The Petitioner/**Moving Party should bring two stamped, addressed business-size envelopes** to the hearing. One should be addressed to the Petitioner and one should be addressed to the Respondent. **Appearance of the parties, and counsel if obtained, is mandatory unless excused by the Child Support Hearing Officer.**

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.

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: _____