

IN THE CIRCUIT COURT OF THE \_\_\_\_\_ JUDICIAL CIRCUIT,  
IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA

Case No.: \_\_\_\_\_

Division: \_\_\_\_\_

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

and

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

### NOTICE OF HEARING BEFORE GENERAL MAGISTRATE

[ ✍ fill in **all** blanks]

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

There will be a hearing before General Magistrate *{name of general magistrate}* \_\_\_\_\_,  
on *{date}* \_\_\_\_\_, at *{time}* \_\_\_\_\_ m., in Room \_\_\_\_\_ of the \_\_\_\_\_  
Courthouse, 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 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.**

PLEASE GOVERN YOURSELF ACCORDINGLY.

**This part to be filled out by the court or filled in with information you have obtained from the  
court:**

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

*{name}* \_\_\_\_\_,

*{address}* \_\_\_\_\_, *{telephone}* \_\_\_\_\_,

within 2 working days of your receipt of this Notice of Hearing. If you are hearing or voice impaired, call  
TDD 1-800-955-8771.

**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:

- a. electronic recording is provided by the court. A party may provide a court reporter at that party's expense.
- b. a court reporter is provided by the court.

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 [  one only ] (  ) 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: \_\_\_\_\_

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

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

**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.