

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

IN RE: The Interest of:

Petition No. \_\_\_\_\_  
Spn No. \_\_\_\_\_

\_\_\_\_\_  
A Child.

**NOTICE OF HEARING**

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

PLEASE TAKE NOTICE that a Petition for Removal of Disabilities of Nonage has been filed. A hearing on the Petition shall be held on \_\_\_\_\_, at \_\_\_\_\_ (date)

\_\_\_\_\_, before \_\_\_\_\_, at the

West Pasco Judicial Center, 7530 Little Road, New Port Richey, Florida, or,  Dade City Courthouse, 38053 Live Oak Avenue, Dade City, Florida.

**CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that a copy of the foregoing has been furnished by mail / hand deliver / personal service to the above named person this \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
(signature)  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone No. \_\_\_\_\_

**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 the Public Information Dept., Pasco County Government Center, 7530 Little Rd., New Port Richey, FL. 34654; (727)847-8110 (V) for proceedings in New Port Richey; (352)521-4274, ext. 8110 (V) for proceedings in Dade City at least seven (7) days before your scheduled court appearance, or immediately upon receiving this notification if the time before the scheduled appearance is less than seven (7) days; if you are hearing or voice impaired, call 711.**

**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 petitioner, fill out this form.