

IN THE SIXTH COURT OF THE SIXTH JUDICIAL CIRCUIT OF THE  
STATE OF FLORIDA IN AND FOR PASCO COUNTY

STATE OF FLORIDA

CASE NO(S): \_\_\_\_\_

vs.

\_\_\_\_\_

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

I am the defendant, and I request the court to \_\_\_\_\_

The reason(s) that I'm asking for this is because:

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

**DATED** this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Signature

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone \_\_\_\_\_

**NOTICE OF HEARING**

**PLEASE TAKE NOTE** that on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_, at the hour of \_\_\_\_\_ a.m./p.m., or as soon thereafter as may be heard, the Motion will be heard before the Honorable Kemba Lewis, at the Robert D. Sumner Judicial Center, 38053 Live Oak Avenue, Dade City, FL 33523.

**I HEREBY CERTIFY** that a copy of the foregoing motion and Notice of Hearing have been provided to the Office of the State Attorney; and if I am on probation/community control, I have also given a copy of this motion and the notice to the Department of Corrections.

\_\_\_\_\_  
Signature

**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 Pasco County Customer Service Center, 8731 Citizens Drive, New Port Richey, FL 34654, (727) 847-2411 or the Pasco County Risk Management Office, 7536 State Street New Port Richey, FL 34654 (727) 847-8028 (V) at least 7 days before your scheduled court appearance, or immediately upon receiving this notification if the time before the scheduled appearance is less than 7 days; if you are hearing or voice impaired, call 711.**