

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

\_\_\_\_\_  
Plaintiff(s)  
-vs-

Case: \_\_\_\_\_

\_\_\_\_\_  
Defendant(s)

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

**NOTICE OF HEARING (GENERAL)**

[fill in **all** blanks]

TO: {name of other party}: \_\_\_\_\_.

There will be a hearing before Judge {name} \_\_\_\_\_,

on {date} \_\_\_\_\_, at {time} \_\_\_\_\_ m., in Room \_\_\_\_\_ of the \_\_\_\_\_

\_\_\_\_\_ Courthouse, on the following issues: \_\_\_\_\_

\_\_\_\_\_ hour(s)/\_\_\_\_\_ minutes have been reserved for this hearing.

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

**FOR PROCEEDINGS BEFORE THE COURTS OF PASCO COUNTY**

**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 either the Pasco County Customer Service Center, 8731 Citizens Drive, New Port Richey, FL 34654, (727) 847-2411 (V) 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 vision impaired, call 711.**

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 judge's office to cancel this hearing. I certify that a copy of this document was [Choose only **one**] ( ) mailed ( ) faxed and mailed ( ) hand delivered to the person(s) listed below on {date} \_\_\_\_\_.

Case: \_\_\_\_\_

**Other party or his/her attorney:** Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Designated E-mail Address: \_\_\_\_\_

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

\_\_\_\_\_  
Signature of Party

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

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

City, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Designated E-mail Address(es): \_\_\_\_\_

**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, whose address is *{street}* \_\_\_\_\_,  
*{city}* \_\_\_\_\_ (*state*) \_\_\_\_\_, *{phone}* \_\_\_\_\_,  
helped *{name}* \_\_\_\_\_,  
who is the [Choose only **one**] \_\_\_ petitioner **or** \_\_\_ respondent, fill out this form.