

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

Petitioner,

vs.

REF. NO. _____

Respondent.

_____ /

NOTICE OF HEARING BEFORE GENERAL MAGISTRATE

TO: _____

There will be hearing before General Magistrate Alex Mabery on _____,
at _____ m. in **Courtroom J** at **501 – 1st Ave., N., St. Petersburg, FL 33701**, 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 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.

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 Human Rights Office, 400 S. Ft. Harrison Ave., Ste. 300, Clearwater, FL 33756, (727) 464-4062 (V/TDD) 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.

SHOULD YOU WISH TO SEEK REVIEW OF THE REPORT AND RECOMMENDATION MADE BY THE GENERAL MASTER, YOU MUST FILE EXCEPTIONS IN ACCORDANCE WITH RULE 12.490(f), FLA. FAM. L. R. P. 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:

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 General Magistrate's Office to cancel this hearing.

I certify that a copy of this document was mailed to the person(s) listed below on this _____ day of _____, 20____.

Assistant to General Magistrate

Other party or his/her attorney:

Name: _____
Address: _____
City, State, Zip _____
Telephone No. _____

Party Requesting Hearing:

Name: _____
Address: _____
City, State, Zip: _____
Telephone No. _____

Additional party/Address (if appropriate):

Name: _____
Address: _____
City, State, Zip _____
Telephone No. _____

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.