

PLEASE FILL OUT THE ATTACHED FORM COMPLETELY AND RETURN IT BACK W/MOTION THAT HAS ALREADY BEEN FILED TO 305.349.7252. YOU MUST FIRST FILE YOUR MOTION BEFORE YOU CAN RECEIVE A HEARING DATE. PLEASE DO NOT RESEND YOUR REQUEST BY MAIL. THANK YOU.

IN THE CIRCUIT COURT OF THE 11TH JUDICIAL CIRCUIT
IN AND FOR DADE COUNTY, FLORIDA
COMPLEX BUSINESS LITIGATION DIVISION (40)

Plaintiff(s)

CASE NO:

v.

Defendant(s)

_____ /

REQUEST FOR HEARING
Special Setting

1. Motion for which hearing requested (full title)

_____ evidentiary (requires testimony) _____ non-evidentiary (legal argument
only) _____

(Courtesy copy of motion(s) must be attached)

2. Amount of time requested for both sides to complete presentation:

3. To be completed by counsel or pro se litigant:

I certify that a copy of the motion(s) has been received by the opposing counsel or party.

Check one of below:

_____ I have conferred with the opposing counsel or pro se party in a good faith effort to resolve the matter (s) without a hearing and to determine the amount of time requested for the hearing; I spoke with _____ on _____

_____ I have been unable to confer with opposing counsel or pro se party because (state circumstances):

Signature of attorney or pro se party
_____ Bar Number.

4. For Emergency Motion only; I hereby certify this matter as an Emergency in my judgment, the grounds of which are reflected in the motion itself, including any facts regarding urgency.

Signature of attorney or pro se part
_____ Bar Number.

I hereby certify the above hearing request and accompanying motion were served by fax/mail this ___ day of _____, 2006 pursuant to the Florida Rules of Civil Procedure to:

Attorney for or Pro Se
Address
Phone