IN THE CIRCUIT COURT OF THE 11TH JUDICIAL CIRCUIT, IN AND FOR MIAMIDADE COUNTY, FLORIDA

PETITIONER,

FAMILY DIVISION

CASE NO.:

v.

SECTION: 17

RESPONDENT,
_____/

REQUEST FOR SPECIAL SET HEARING BEFORE DIVISION 17

(NO TELEPHONIC APPEARANCES FOR SPECIAL SET HEARINGS)
(TO SCHEDULE A HEARING FOR MORE THAN ONE (1) HOUR, EMAIL THE J.A.)

☐ ***Prior to submitting this request, I have read and followed the instructions on the division's website.***

Motion for which hearing is requested-full title **(Motion, without exhibits MUST NOT exceed 20 pages)**
_____
_____

Check all that apply:
_____**Evidentiary** (requires testimony) _____ **Non-Evidentiary** (no testimony required)
_____ **Interpreter not required** _____ **Interpreter required** and will be provided by party
_____ **Zoom**[1] hearing _____ **In-Person** Hearing

Amount of time requested for ***ALL*** **sides to complete presentation**: _____

To be completed by Counsel or Pro Se Litigant:
____ I certify that a copy of this Motion(s) has been received by the opposing Counsel or Party.

_____ 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

OR

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

[1] ZOOM hearings may only be set with Court approval

** All Motions and Memoranda MUST be submitted
5 BUSINESS DAYS in ADVANCE of Scheduled Special Set Hearing date. **

_____
Signature (filing party)

_____
Name of Counsel or Pro Se Litigant
Address:_____
Phone:_____
Email:_____

CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of the foregoing and accompanying motions has been sent via mail this ___ day of _____,_____, pursuant to the Florida Rules of Civil Procedure to the following:

Opposing Party Name:
_____
Address:_____
Phone:_____
Email:_____

Opposing Party Name:
_____
Address:_____
Phone:_____
Email:_____

Additional Party Name:
_____
Address:_____
Phone:_____
Email:_____

Additional Party Name:
_____
Address:_____
Phone:_____
Email:_____

IMPORTANT NOTE: You *must contact the other side prior to requesting a hearing so that we may assure the issue is in fact contested and that the appropriate amount of time is being set aside*. Please contact all sides and only then submit your package.