

I understand that I am swearing or affirming under oath to the truthfulness of the claims made in this motion and that the punishment for knowingly making a false statement includes fines and/or imprisonment.

Dated: _____

Signature of Party

STATE OF FLORIDA
COUNTY OF MARTIN

Sworn to or affirmed and signed before me on _____ by

NOTARY PUBLIC or DEPUTY CLERK

[Print, type, or stamp commissioned name of notary or clerk.]

_____ Personally known

_____ Produced identification

_____ Type of identification produced _____

IN THE CIRCUIT COURT OF THE NINETEENTH JUDICIAL CIRCUIT,
IN AND FOR MARTIN COUNTY, FLORIDA

_____,
Petitioner,

CASE NO. _____
DATE: _____

and

_____,
Respondent.

NOTICE OF HEARING

TO:

TO:

(Name of party)

(Name of Party)

{Address}

(Address)

There will be a hearing before Judge _____, on
_____, at _____, ____ m., in Courtroom _____

of the Martin County Courthouse, 100 S. E. Ocean Blvd., Stuart, Florida, on the following

issues:

MOTION FOR EXTENSION OF INJUNCTION

MOTION TO CONTINUE HEARING

MOTION TO MODIFY INJUNCTION

If you are represented by an attorney or plan to retain an attorney for this matter, you should notify the attorney of this hearing.

COPIES TO:

Petitioner: _____ by hand delivery
_____ by U.S. mail
_____ forwarded to Sheriff for service

Respondent: _____ by hand delivery
_____ by U.S. mail
_____ forwarded to Sheriff for service

I CERTIFY the foregoing is a true copy of the original as it appears on file in the office of the Clerk of the Circuit Court of Martin County, Florida, and that I have furnished copies of this Notice of Hearing as indicated above.

CLERK OF THE CIRCUIT COURT
MARSHA EWING

(SEAL)

By: _____
Deputy Clerk

ATTENTION

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 Clerk of Court Administration, 100 E. Ocean Blvd., Stuart FL 34994 at (772)288-5576 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