

**IN THE COUNTY COURT, EIGHTEENTH JUDICIAL CIRCUIT,
BREVARD COUNTY, FLORIDA**

DIVISION: CIVIL

CASE NUMBER: 05- - - -XXXX-XX

PLAINTIFF(S)

CLOCK IN

DEFENDANT(S)

NOTICE OF HEARING

TO: Defendant(s) _____

There will be a hearing before Judge _____ on {date}
_____ at {time} _____ a.m./p.m. at {courthouse and address}

_____. This hearing will be on the following issue(s):

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

If this matter is resolved, the party who sought the hearing shall contact the Judge's office to cancel the hearing.

CERTIFICATE OF SERVICE

I certify that a copy of this Notice of Hearing was
e-mailed mailed hand-delivered to the person(s) listed below on the _____ day of
_____, 20____.

NOTICE OF HEARING

CASE NUMBER: 05- - - -XXXX-XX

Defendant(s) or attorney(s) for Defendant(s):

Name(s): _____

Address(es): _____

City, State, Zip: _____

Email address: _____

Date: _____

Signature of Plaintiff(s)

Printed name(s)

Address, City, State, Zip Code

Telephone Number(s)

Email address

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 ADA Coordinator at Brevard Court Administration, at the Moore Justice Center, 2825 Judge Fran Jamieson Way, 3rd Floor, Viera, Florida 32940-8006, (321) 633-2171, 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.