

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

**DIVISION: CIVIL**

**CASE NUMBER: 05-       -       -       -       -**

**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-       -       -       -       -**

**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, 3<sup>rd</sup> 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.**