

IN THE _____ COURT OF THE _____ JUDICIAL CIRCUIT,
IN AND FOR _____ COUNTY, STATE OF FLORIDA

IN RE:

(1) List Petitioner's name in original case

_____,
Petitioner,

Case No: _____ (3) _____

Division: _____ (4) _____

AND

(2) List the Respondent's name

_____,
Respondent,
_____ /

MOTION TO/FOR: (5) State what you want your Motion for

COMES NOW, _____ (6) Your Name _____, and moves that the court grant the relief sought herein in the Motion to/for _____ (7) State the same as number (5) _____, and as grounds therefore would show:

1. _____ (8) On the lines listed below list exactly what you want to ask from the court _____

2. _____

3. _____

WHEREFORE, the undersigned prays that this court will grant the relief sought herein.

I HEREBY CERTIFY that a copy of the foregoing has been furnished by (check one only):
 mail, faxed and mailed, e-mailed, hand delivered to the person(s) listed below on
(date) ____ (9) date you filed your motion ____.

Other party/parties or his/her attorney:

(10) Name and address of the other party

Name

Address

City, State, Zip

E-mail

(11) Your signature/information in front of a Notary

Date: _____

Signature of Party

Print Name

Address

City, State, Zip

Telephone

E-mail

STATE OF FLORIDA
COUNTY OF _____

Sworn to (or affirmed) and subscribed before me on (date) _____,
20____ by (name) _____.

Notary Public or Deputy Clerk

Personally known

Produced identification

Type of identification produced: _____

IN THE _____ COURT OF THE _____ JUDICIAL CIRCUIT,
IN AND FOR _____ COUNTY, STATE OF FLORIDA

IN RE:

_____,
Petitioner,

Case No: _____

AND

Division: _____

_____,
Respondent,

_____ /

MOTION TO/FOR: _____

COMES NOW, _____, and moves that the court grant
the relief sought herein in the Motion to/for _____,
and as grounds therefore would show:

1. _____

2. _____

3. _____

WHEREFORE, the undersigned prays that this court will grant the relief sought herein.

I HEREBY CERTIFY that a copy of the foregoing has been furnished by (check one only):

mail, faxed and mailed, e-mailed, hand delivered to the person(s) listed below on (date) _____.

Other party/parties or his/her attorney:

Name

Address

City, State, Zip

E-mail

Date: _____

Signature of Party

Print Name

Address

City, State, Zip

Telephone

E-mail

STATE OF FLORIDA
COUNTY OF _____

Sworn to (or affirmed) and subscribed before me on (date) _____,
20____ by (name) _____.

Notary Public or Deputy Clerk

Personally known

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Type of identification produced: _____