

PETITIONER,

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

FAMILY DIVISION

CASE NO.:

v.

SECTION: 12

RESPONDENT,

REQUEST FOR SPECIAL SET HEARING BEFORE JUDGE LAURA SHEARON CRUZ

(THE COURT SCHEDULES ALL EVIDENTIARY SPECIAL SET HEARINGS IN PERSON)

(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 Judge Ruiz Cohen'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 & will be provided by Party**

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 (DETAIL THE CIRCUMSTANCES /MUST BE FILLED OUT): _____

***Motions to allow Parties to attend via Zoom are to be noticed on the Motion Calendar after this hearing has been scheduled.**

**** 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 ensure 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.