☐ IN THE CIRCUIT COURT OF THE ELEVENTH JUDICIAL CIRCUIT IN AND FOR MIAMI-DADE COUNTY, FLORIDA. 058
☐ IN THE COUNTY COURT IN AND FOR MIAMI-DADE COUNTY, FLORIDA.

DIVISION	**NOTICE OF HEARING**	**CASE NUMBER**
☐ CRIMINAL ☐ TRAFFIC/MISDEMEANOR ☐ FAMILY ☐ JUVENILE ☐ OTHER	**(☐ SEAL / ☐ EXPUNGE / ☐ RETURN OF PROPERTY)**	

THE STATE OF FLORIDA **VS.**	**CLOCK IN**
PLAINTIFF **DEFENDANT**	

TO: ☐ State Attorney
1350 N.W. 12th Ave.
Miami, Florida 33136

☐ State Attorney
175 N.W. 1st Ave.
25th Floor
Miami, Florida 33128

TO: ☐ State Attorney
155 N.W. 3rd Street
Miami, Florida. 33128

TO: ☐ Miami-Dade Police Records
9105 N.W. 25th Street, Suite 3069
Miami, Florida 33172

Hearing Date _____

Hearing Time _____

Courtroom No. _____

YOU ARE HEREBY NOTIFIED that the undersigned has set down for hearing before the Honorable_____ a Judge of the above styled Court at the ☐ Richard E. Gerstein Justice Building 1351 N.W. 12th Street, Miami Florida 33125 or ☐ Courthouse Center 175 N.W. 1st Avenue, Miami, Florida 33128 ☐ Miami-Dade Children's Courthouse 155 N.W. 3rd Street, Miami, Florida 33128 at the above date and time or as soon as counsel may be heard on:

MOTION TO: ☐ SEAL RECORD ☐ EXPUNGE RECORD ☐ RETURN PROPERTY ☐ OTHER

A copy of the foregoing has been furnished to the above named address(es) by

☐ Mail ☐ Delivery this _____ day of _____, 20_____.

By: _____

AMERICANS WITH DISABILITIES ACT OF 1990
ADA NOTICE

"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 Aliean Simpkins, the Eleventh Judicial Circuit Court's ADA Coordinator, Lawson E. Thomas Courthouse Center, 175 NW 1st Ave., Suite 2400, Miami, FL 33128, Telephone (305) 349-7175; TDD (305) 349-7174; Email ADA@jud11.flcourts.org; Fax (305) 349-7355 at least seven (7) days before your scheduled court appearance, or immediately upon receiving this notification if the time before the scheduled appearance is less than seven (7) days; if you are hearing or voice impaired, call 711."

☐ S.A.O.
☐ P.D.
☐ ATTORNEY OR DEFENDANT
☐ BONDSMAN
☐ ARR. AGENCY: _____ (Copy furnished by defendant.)
☐ FAXED COPIES