

IN THE CIRCUIT COURT OF THE FIFTH JUDICIAL CIRCUIT  
IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA

CASE NUMBER: \_\_\_\_\_

\_\_\_\_\_,  
Petitioner,  
and

\_\_\_\_\_,  
Respondent.

**MOTION FOR TELEPHONIC APPEARANCE**

Pursuant to Rule 2.530(b), Florida Rules of Judicial Administration, I,  
\_\_\_\_\_ (*party filing motion*), request permission to appear and testify by  
telephone for the hearing/conference scheduled for \_\_\_\_\_ (*date of*  
*hearing/conference*).

I hereby certify that the type of hearing this request is for is a:

***Check one:***

- \_\_\_\_\_ Motion Hearing  
\_\_\_\_\_ Pretrial Conference  
\_\_\_\_\_ Status Conference

Pursuant to Rule 2.530(c), Florida Rules of Judicial Administration, I hereby certify that:

***Check all that apply:***

\_\_\_\_\_ I have consulted all parties and he/she/they have no objection to my appearance by  
telephone AND the hearing is not scheduled for more than 15 minutes.

\_\_\_\_\_ All parties have not agreed to my appearance by telephone.

\_\_\_\_\_ The hearing/conference is scheduled for more than 15 minutes.

The reason I am unable to attend the hearing/conference in person is:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OPPOSING COUNSEL OR PRO SE (SELF-REPRESENTED) PARTY SHOULD  
PROVIDE ANY OBJECTION TO THIS MOTION IN WRITING TO THE COURT  
WITHIN TEN (10) DAYS**

*I hereby acknowledge that, in the event the Motion is granted, I will be responsible for placing the call at the time permitted.*

*I further acknowledge that in the event I do not phone in to the Court at the designated time, that my nonappearance will be treated the same as if I had failed to appear in person.*

**CERTIFICATE OF SERVICE**

I certify that a copy of this document was ( ) mailed ( ) faxed and mailed ( ) e-mailed ( ) hand-delivered to the person(s) listed below on {date} \_\_\_\_\_.

**Other party or his/her attorney:**

Printed Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
Designated E-mail Address(es): \_\_\_\_\_  
\_\_\_\_\_

**I understand that I am swearing or affirming under oath to the truthfulness of the claims made in this motion and that the punishment for knowingly making a false statement includes fines and/or imprisonment.**

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Party or his/her attorney  
Printed Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
Designated E-mail Address(es): \_\_\_\_\_  
\_\_\_\_\_

**IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW:**

[fill in all blanks] This form was prepared for the: {choose only one} ( ) Petitioner ( ) Respondent  
This form was completed with the assistance of: {name of individual} \_\_\_\_\_,  
{name of business} \_\_\_\_\_,  
{address} \_\_\_\_\_,  
{city} \_\_\_\_\_, {state} \_\_\_\_\_, {zip code} \_\_\_\_\_, {telephone number} \_\_\_\_\_