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

	CASE NUMBER:
Petitioner, and	,
Respondent.	
	MOTION
COMES NOW the (check the appropriate	Petitioner or Respondent and files the following: e motion)
[] Motion to Compel [] Motion to Continu [] Motion to Dismiss	Financial Disclosure the Hearing Set for (date & time) s (name of action to be dismissed)
[] Motion for Rehear [] Motion to be Excu	ring (name of motion/petition) used from Parenting Class Requirement
[] Motion for Mediat [] Motion for Clarific	
In support of the abov	re motion, I hereby state the following facts:
 	

CERTIFICATE OF SERVICE

Timited I tuine.	7:
Address:	
City, State, Zip:	
Telephone Number:	
Fax Number:	
	ng or affirming under oath to the truthfulness of the claim t the punishment for knowingly making a false statement ment.
Dated:	_
	Signature of Party or his/her attorney Printed Name:
	Printed Name:
	Printed Name:Address:
	Printed Name: Address: City, State, Zip:
	Printed Name: Address: City, State, Zip: Telephone Number:
	Signature of Party or his/her attorney Printed Name: Address: City, State, Zip: Telephone Number: Fax Number: Designated E-mail Address(es):
	Printed Name: Address: City, State, Zip: Telephone Number: Fax Number:
	Printed Name: Address: City, State, Zip: Telephone Number: Fax Number:
	Printed Name: Address: City, State, Zip: Telephone Number: Fax Number:
BLANKS BELOW:	Printed Name: Address: City, State, Zip: Telephone Number: Fax Number: Designated E-mail Address(es): YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN TH
BLANKS BELOW: [fill in all blanks] This form was pre	Printed Name: Address: City, State, Zip: Telephone Number: Fax Number: Designated E-mail Address(es):