

IN THE COUNTY COURT IN AND FOR LAKE COUNTY, FLORIDA

CASE NO. \_\_\_\_\_

\_\_\_\_\_ ,

Plaintiff,

vs.

\_\_\_\_\_ ,

Defendant.

\_\_\_\_\_ /

**NOTICE OF HEARING**

**(Complete with whatever the hearing is for)**

YOU ARE HEREBY NOTIFIED that the above styled matter has been set for a hearing in Suite 9, on the 5<sup>th</sup> floor of the Lake County Courthouse, 550 West Main Street, Tavares, Florida on \_\_\_\_\_ at \_\_\_\_\_ a.m/p.m.  
*(day, date, month, year)* *(time)*  
before the HONORABLE CARLA R. PEPPERMAN.

THIS HEARING shall be held using the ZOOM video call process and all parties and counsel will need access to a telephone, webcam, laptop, or cellular telephone to participate in this hearing. **Please dress appropriately for this hearing, just as if you were appearing in person before the Court.** A ZOOM invitation to participate in this hearing is attached and the parties must use the following in order to log in or join the meeting:

**ZOOM MEETING ID NUMBER:** \_\_\_\_\_

**ZOOM PASSWORD:** \_\_\_\_\_

To help facilitate this process, ZOOM links are provided on the internet and

attached hereto. All parties and counsel are encouraged to review and be familiar with same.

DATED this \_\_\_\_\_ day of \_\_\_\_\_.  
*(month, year)*

\_\_\_\_\_  
*(Signature of filer)* Plaintiff or Defendant  
*(Circle one)*

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true copy of the foregoing was furnished at least **10 days prior to the hearing** by U.S.P.S. Certified Mail Return Receipt Requested, or other means with proof of service, to: ***(please list name & address of party or parties to receive a copy below)***

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

this \_\_\_\_\_ day of \_\_\_\_\_.  
*(month, year)*

\_\_\_\_\_  
*(Signature of filer/person sending copies)*

**FOR CASE INFORMATION, PLEASE CALL (352) 742-4343 or 742-4145**

**NOTICE TO PERSONS WITH DISABILITIES**

**“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 the ADA coordinator at the Office of the Trial Court Administrator, P. O. Box 7800/550 West Main Street, Tavares, Florida 32778, telephone (352) 742-4221, at least 7 days before your scheduled court appearance, or immediately upon receiving this notification if the time before the scheduled appearance is less than 7 days; if you are hearing or voice impaired, call 711.”**