

FORMS ARE GENERIC SUGGESTIONS. PARTIES AND THEIR ATTORNEYS SHOULD REVISE THEM TO ADDRESS THE UNIQUE CIRCUMSTANCES OF EACH CASE.

UNITED STATES BANKRUPTCY COURT
MIDDLE DISTRICT OF FLORIDA
_____ DIVISION
www.flmb.uscourts.gov

In re)	
)	
,)	Case No. __: __ bk- _____ - ____
)	Chapter _____
Debtor.*)	
_____)	
)	
Plaintiff,)	
)	
vs.)	Adversary No. __: __ -ap- _____ - ____
)	
Defendant.)	
_____)	

NOTICE OF HEARING [INSERT TYPE OF HEARING]

NOTICE IS GIVEN THAT:

1. A [insert preliminary or leave blank] [insert hearing or insert status conference] in this adversary proceeding will be held on [Insert hearing date time and location of hearing] on the following matter:

[Insert title of pleading that is set for hearing] (Doc. No. [Insert Docket Number])

2. The Court may continue this [insert hearing or insert status conference] upon announcement made in open court without further notice.

3. Any party opposing the relief sought at this hearing must appear at the hearing or any objections or defenses may be deemed waived.

*All references to “Debtor” include and refer to both debtors in a case filed jointly by two individuals.

4. Parties are reminded to comply with all requirements of Local Rule 7001-1.

5. Telephonic Appearance Requirement. Effective March 16, 2020, and continuing until further notice, Judges in all Divisions will conduct all hearings by telephone. **[PICK ONE OF THE FOLLOWING PARAGRAPHS]:**

For Judge [**Insert Judge name:** Colton or Williamson], parties should arrange a telephonic appearance through Court Solutions (www.court-solutions.com). NOTE: All parties should proceed to the website and select "Sign Up". For unrepresented parties only, before submitting the completed form, you must select "I am not an attorney" and "Certified Indigent". Once the information is submitted you will receive an email with further instructions.

-OR-

For Judge [**Insert Judge name:** Delano, Funk, Jackson, Jennemann, McEwen, or Vaughan], parties should arrange a telephonic appearance through Court Call (866-582-6878).

Dated: [Insert date]

_____/s/_____
ATTORNEY NAME
Florida Bar No.: _____
LAW FIRM NAME
ADDRESS
CITY/STATE/ZIP CODE
Tel: (____) ____ - ____
Fax: (____) ____ - ____
Attorney for _____
Email: _____

Certificate of Service

I HEREBY CERTIFY that on [insert date] a true and correct copy was served via U.S. First Class Mail or electronic transmission to: [insert names and addresses]