

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 <input type="checkbox"/> CRIMINAL <input type="checkbox"/> TRAFFIC/MISDEMEANOR <input type="checkbox"/> JUVENILE <input type="checkbox"/> OTHER	NOTICE OF HEARING (<input type="checkbox"/> SEAL / <input type="checkbox"/> EXPUNGE / <input type="checkbox"/> RETURN OF PROPERTY)	CASE NUMBER
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THE STATE OF FLORIDA VS.	CLOCK IN
PLAINTIFF	DEFENDANT

TO: <input type="checkbox"/> State Attorney 1350 N.W. 12 Avenue Miami, Florida 33136	<input type="checkbox"/> State Attorney 175 N.W. 1 Avenue 25th FLOOR Miami, Florida 33128	Hearing Date _____
TO: <input type="checkbox"/> State Attorney, 3302 N.W. 27th Ave. Miami, Fl. 33142		Hearing Time _____
TO: <input type="checkbox"/> Miami Dade Police Records 9105 N.W. 25th Street Miami, Florida 33172		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 Juvenile Justice Center 3300 N.W. 27th Ave., Miami, Fl 33142 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

IF YOU ARE A PERSON WITH A DISABILITY WHO NEEDS ANY ACCOMMODATION TO PARTICIPATE IN THIS PROCEEDING, YOU ARE ENTITLED, AT NO COST TO YOU, TO THE PROVISION OF CERTAIN ASSISTANCE. PLEASE CONTACT THE DADE COUNTY COURT'S ADA COORDINATOR AT 175 N.W. 1ST AVENUE, SUITE 2702 MIAMI, FLORIDA 33128 TELEPHONE NUMBERS (305) 349-7175 FOR VOICE, (305) 349-7174 FOR TDD AND (305) 349-7011 FOR FAX, WITHIN TWO (2) WORKING DAYS OF YOUR RECEIPT OF THIS DOCUMENT. TDD USERS MAY ALSO CALL 1-800-955-8771, FOR THE FLORIDA RELAY SERVICE.

- S.A.O.
- P.D.
- ATTORNEY OR DEFENDANT
- BONDSMAN
- ARR. AGENCY : _____
- FAXED COPIES

(Copy furnished by defendant.)