

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"/> FAMILY <input type="checkbox"/> OTHER	NOTICE OF HEARING (<input type="checkbox"/> SEAL / <input type="checkbox"/> EXPUNGE / <input type="checkbox"/> RETURN OF PROPERTY)	CASE NUMBER
---	---	--------------------

THE STATE OF FLORIDA VS.	CLOCK IN
PLAINTIFF	DEFENDANT

TO: <input type="checkbox"/> State Attorney 1350 N.W. 12th Ave. Miami, Florida 33136	<input type="checkbox"/> State Attorney 175 N.W. 1st Ave. 25th Floor Miami, Florida 33128
TO: <input type="checkbox"/> State Attorney 3302 N.W. 27th Ave. Miami, Florida. 33142	Hearing Date _____ Hearing Time _____ Courtroom No. _____
TO: <input type="checkbox"/> Miami-Dade Police Records 9105 N.W. 25th Street, Suite 3069 Miami, Florida 33172	

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
 ADA NOTICE**

“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 Eleventh Judicial Circuit Court’s ADA Coordinator, Lawson E. Thomas Courthouse Center, 175 NW 1st Ave., Suite 2702, Miami, FL 33128, Telephone (305) 349-7175; TDD (305) 349-7174, Fax (305) 349-7355 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.”

- S.A.O.
- P.D.
- ATTORNEY OR DEFENDANT
- BONDSMAN
- ARR. AGENCY: _____ (Copy furnished by defendant.)
- FAXED COPIES