{building name, full address, courtroom number}.		
IF EITHER PETITIONER OR RESPONDENT DO NOT APPEAR AT THE FINAL HEARING, HE OR SHE WILL BE BOUND BY THE TERMS OF ANY INJUNCTION OR ORDER ISSUED IN THIS MATTER.		
All witnesses and evidence, if any, must be presented at this time.		
NOTICE: Because this is a civil case, there is no requirement that these proceedings be transcribed at public expense.		
YOU ARE ADVISED THAT IN THIS COURT electronic recording only is provided by the court. A party may arrange in advance for the services of and provide for a court reporter to prepare a written transcript of the proceedings at that party's expense.		
A RECORD, WHICH INCLUDES A TRANSCRIPT, MAY BE REQUIRED TO SUPPORT AN APPEAL. THE PARTY SEEKING THE APPEAL IS RESPONSIBLE FOR HAVING THE TRANSCRIPT PREPARED BY A COURT REPORTER. THE TRANSCRIPT MUST BE FILED WITH THE REVIEWING COURT OR THE APPEAL MAY BE DISMISSED.		
REQUESTS FOR ACCOMMODATIONS BY 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 Administrative Office of the Courts by letter at 173 NE Hernando Avenue, Room 408, Lake City, Florida 32055, by telephone at (386) 758-2163, if you are hearing or voice impaired call 711, or by e-mail sent to ADAmail@jud3.flcourts.org 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.  Nothing in this order limits Petitioner's rights to dismiss the petition.		
DONE AND ORDERED in{county}, Florida on		

CIRCUIT JUDGE

COPIES TO:	
Sheriff ofCounty	
Petitioner:	
by U. S. Mail	
by hand delivery in open court	
by e-mail to designated e-mail address	(es)
Vulnerable Adult (if other than Petitioner):	
by U. S. Mail	
by hand delivery in open court	
by e-mail to designated e-mail address	(es)
Respondent:	
forwarded to sheriff for service	
State Attorney's Office	
Other:	<del></del>
DCF/APS: EMAIL@myflfamilies.com	
I CERTIFY the foregoing is a true copy of	the original Order Setting Hearing on Petition for
	ation of a Vulnerable Adult without Issuance of an
	ears on file in the office of the Clerk of the Circuit
	rida, and that I have furnished copies of this order as
indicated above.	·
	CLERK OF THE CIRCUIT COURT
(SEAL)	
	By:
	{Deputy Clerk or Judicial Assistant}