

IN THE CIRCUIT COURT OF THE THIRD JUDICIAL CIRCUIT
IN AND FOR _____ COUNTY, FLORIDA

Petitioner,

and

CASE NO. _____

Respondent.

MOTION FOR TELEPHONIC APPEARANCE

Pursuant to Rule 2.530(b), Florida Rules of Judicial Administration, I _____
_____, (*party filing motion*), request permission to
appear and testify by telephone for the hearing/status conference scheduled for _____
_____ (*date of hearing/status conference*).

I hereby certify that the type of hearing this request is for is a:

Check one:

- Motion Hearing
- Final Hearing
- Status Conference

Pursuant to Rule 2.530(b), Florida Rules of Judicial Administration, I hereby certify that:

Check all that apply:

- I have consulted with all parties and he/she/they have no objection to my appearance by telephone AND the hearing/status conference.
- All parties have NOT agreed to my appearance by telephone.

The reason I am unable to attend the hearing/conference in person is: _____

OPPOSING COUNSEL OR PRO SE (SELF-REPRESENTED) PARTY SHOULD PROVIDE ANY OBJECTION TO THIS MOTION IN WRITING TO THE COURT WITHIN TEN (10) DAYS.

I hereby acknowledge that, in the event this Motion is granted, further instructions will be provided by the Court.

I further acknowledge that, in the event this Motion is granted, and I fail to make myself available at the designated time, the Court will treat my nonappearance the same as if I had failed to appear in person.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that the foregoing document has been () mailed () hand delivered () e-filed through the Florida Courts E-Filing Portal to the person(s) listed below, this _____ day of _____, 20____ :

Other party or his/her attorney:

Printed Name: _____
Address: _____
City, State, Zip: _____
Telephone Number: _____
Fax Number: _____
Designated E-mail Address(es): _____

I understand that I am swearing or affirming under oath to the truthfulness of the claims made in this Motion and that the punishment for knowingly making a false statement includes fines and/or imprisonment.

Dated: _____

Signature of Party of his/her attorney
Printed Name: _____
Address: _____
City, State, Zip: _____
Telephone Number: _____
Fax Number: _____
Designated E-mail Address(es): _____

IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW:

This form was prepared for the () Petitioner () Respondent.

This form was completed with the assistance of (*name of individual*) _____

_____ (*name of business*) _____

_____ (*address, city, state, and zip code*) _____

_____ (*telephone number*) _____