



INSTRUCTIONS FOR FLORIDA SUPREME COURT APPROVED FAMILY LAW FORM 12.923,  
NOTICE OF HEARING (GENERAL)

**When should this form be used?**

Anytime you have set a hearing before a **judge**, you must send notice of the **hearing** to the other party. **IMPORTANT:** If your hearing has been set before a general magistrate, you should use **Notice of Hearing Before General Magistrate**,  Florida Family Law Rules of Procedure Form 12.920(c). If your hearing has been set before a child support enforcement hearing officer, you should use **Notice of Hearing (Child Support Hearing Officer)**,  Florida Supreme Court Approved Family Law Form 12.921.

This form should be typed or printed in black ink. After completing this form, you should **file** the original with the **clerk of the circuit court** in the county where your case was filed and keep a copy for your records.

**What should I do next?**


A copy of this form must be mailed **or** hand delivered to the other party in your case. If a **default** has been entered, you must still send this form to the other party to notify the other party of the **final hearing**.

**Where can I look for more information?**

**Before proceeding, you should read “General Information for Self-Represented Litigants” found at the beginning of these forms.** For further information on serving notices of hearing, see rule 1.090(d), Florida Civil Rules of Procedure.

**Special notes...**

To set a hearing date and time, you will usually have to make a good-faith effort to coordinate a mutually convenient date and time for you, the other parties in the case, and the judge, except in certain emergency situations. Some circuits may have additional procedural requirements that you must follow when you notify the court and other parties of your scheduled hearing. Therefore, before you complete this form, you should contact the clerk’s office, **family law intake staff**, or **judicial assistant** for information regarding the proper procedure to follow.

Remember, a person who is NOT an attorney is called a nonlawyer. If a nonlawyer helps you fill out these forms, that person must give you a copy of **Disclosure from Nonlawyer**,  Florida Family Law Rules of Procedure Form 12.900 (a), before he or she helps you. A nonlawyer helping you fill out these forms also **must** put his or her name, address, and telephone number on the bottom of the last page of every form he or she helps you complete.

IN THE CIRCUIT COURT OF THE \_\_\_\_\_ JUDICIAL CIRCUIT,  
IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA

Case No.: \_\_\_\_\_

Division: \_\_\_\_\_

\_\_\_\_\_,  
Petitioner,

and

\_\_\_\_\_,  
Respondent.

### NOTICE OF HEARING (GENERAL)

[ ✎ fill in **all** blanks]

TO: *{name of other party}* \_\_\_\_\_

There will be a hearing before Judge *{name}* \_\_\_\_\_,  
on *{date}* \_\_\_\_\_, at *{time}* \_\_\_\_\_ m., in Room \_\_\_\_\_ of the \_\_\_\_\_  
Courthouse, on the following issues: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ hour(s)/ \_\_\_\_\_ minutes have been reserved for this hearing.

**This part to be filled out by the court or to be filled in with information you obtained from the court:**

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 *{name}* \_\_\_\_\_,  
*{address}* \_\_\_\_\_, *{telephone}* \_\_\_\_\_,  
within 2 working days of your receipt of this Notice of Hearing. If you are hearing or voice impaired, call TDD 1-800-955-8771.

If you are represented by an attorney or plan to retain an attorney for this matter, you should notify the attorney of this hearing.

If this matter is resolved, the moving party shall contact the judge's office to cancel this hearing.

I certify that a copy of this document was [ **one** only] (  ) mailed (  ) faxed and mailed (  ) hand delivered to the person(s) listed below on *{date}* \_\_\_\_\_.

**Other party or his/her attorney:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Party

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

**IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE  
BLANKS BELOW:** [ *do* fill in **all** blanks]

I, *{full legal name and trade name of nonlawyer}* \_\_\_\_\_,  
a nonlawyer, located at *{street}* \_\_\_\_\_, *{city}* \_\_\_\_\_,  
*{state}* \_\_\_\_\_, *{phone}* \_\_\_\_\_, helped *{name}* \_\_\_\_\_,  
who is the [  **one** only] \_\_\_ petitioner **or** \_\_\_ respondent, fill out this form.