

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

CASE NUMBER: _____

_____,
Petitioner,
and

_____,
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/conference scheduled for _____ (*date of*
hearing/conference).

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

Check one:

- _____ Motion Hearing
_____ Pretrial Conference
_____ Status Conference

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

Check all that apply:

_____ I have consulted all parties and he/she/they have no objection to my appearance by
telephone AND the hearing is not scheduled for more than 15 minutes.

_____ All parties have not agreed to my appearance by telephone.

_____ The hearing/conference is scheduled for more than 15 minutes.

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 the Motion is granted, I will be responsible for placing the call at the time permitted.

I further acknowledge that in the event I do not phone in to the Court at the designated time, that my nonappearance will be treated the same as if I had failed to appear in person.

CERTIFICATE OF SERVICE

I certify that a copy of this document was () mailed () faxed and mailed () e-mailed () hand-delivered to the person(s) listed below on {date} _____.

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 or 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:

[fill in all blanks] This form was prepared for the: {choose only one} () Petitioner () Respondent
This form was completed with the assistance of: {name of individual} _____,
{name of business} _____,
{address} _____,
{city} _____, {state} _____, {zip code} _____, {telephone number} _____