IN THE CIRCUIT COURT OF THE FOURTH JUDICIAL CIRCUIT

IN AND FOR DUVAL COUNTY, FLORIDA

CASE NO.:

DIVISION:

Petitioner,

And

,

Respondent,

**MOTION**

**COMES NOW** the ( ) Petitioner ( ) Respondent in this matter, and requests the Court to:



**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:

Name:

Address:

City, State, Zip:

E-mail:

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

Date:

Signature of Party

Printed Name:

Address:

Tel. No.:

E-Mail: