

## **INSTRUCTIONS**

Fill out the form entirely. Do not omit sections. Send this to the Office of Appeal Hearings either:

By email: [appeal.hearings@myflfamilies.com](mailto:appeal.hearings@myflfamilies.com)

By mail: Office of Appeal Hearings  
2415 North Monroe Street  
Suite 400 I  
Tallahassee, FL 32303-4190

A copy must also be sent to the opposing party. You can find the opposing party's contact information on the Acknowledgement of Hearing Request or, if the hearing has been scheduled, on the Notice of Hearing.

STATE OF FLORIDA  
DEPARTMENT OF CHILDREN AND FAMILIES  
OFFICE OF APPEAL HEARINGS

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

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

\_\_\_\_\_  
Petitioner/Applicant/Recipient,

VS.

Appeal No. \_\_\_\_\_

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

\_\_\_\_\_  
Respondent/Department/Agency,

**MOTION TO** \_\_\_\_\_

I am requesting the hearing officer take the following action(s) and the reasons for the action(s) are:

Respectfully submitted,

\_\_\_\_\_

**CERTIFICATE OF SERVICE**

I, \_\_\_\_\_, certify that I have served each of the opposing parties or their counsel of record a copy of the foregoing \_\_\_\_\_ in person, \_\_\_\_\_ by mail, \_\_\_\_\_ by fax, \_\_\_\_\_ by email at the following \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Respectfully,

\_\_\_\_\_