

## **INSTRUCTIONS**

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

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

By fax 850-487-0662

By mail Office of Appeal Hearings  
Building 5, Room 255  
1317 Winewood Blvd.  
Tallahassee, FL 32399-0700

A copy must also be 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 was scheduled, on the initial 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,

\_\_\_\_\_