

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

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 CONTINUE

I am requesting the Hearing Officer continue and/or reconvene the hearing dated _____ for the following reasons:

Dated

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,
