

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

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,
