

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: _____

VS. Petitioner/Applicant/Recipient, _____
Appeal No. _____

Name: _____

Respondent/Department/Agency,

NOTICE OF APPEARANCE

Pursuant to *Florida Administrative Code* Rule 65-2.058, the undersigned
counsel hereby notifies this court of his/her representation of the
Petitioner / Respondent.

(PLEASE PRINT)

Name: _____
State Bar No _____
Address _____

Telephone (_____) _____ - _____
Facsimile: (_____) _____ - _____
E-mail: _____

This _____ day of _____, 20____.

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,
