

**FAMILY COURT SERVICES - ROOM 2150
501 WEST ADAMS STREET, JACKSONVILLE, FL 32202
(904) 255-1060**

**CHECKLIST FOR:
REQUEST TO APPEAR BY TELEPHONE**

Use this form if you have an upcoming hearing and are unable to appear and wish to appear telephonically. Filing this motion does not guarantee your request to appear telephonically. An order granting or denying your request will be entered. You will receive at the address provided proper instructions on appearing telephonically if your motion is granted.

- Local Form (attached)
- Request to Appear by Telephone

INSTRUCTIONS:

1. **Fully complete** the provided form.
2. Make **three (3) copies** of each form.
3. File your **original documents**, completed and notarized to:
 - **Family Law Clerk of Court
Room 2474
501 West Adams Street
Jacksonville, FL 32202**
4. **NEXT** the (3) copies you made...
 - (1) COPY - YOU KEEP FOR YOURSELF
 - (1) COPY – REGULAR POSTAL MAIL to the other party
 - (1) COPY – REGULAR POSTAL MAIL to your case manager
 - **Family Court Services – Attn: _____ (case manager)
Room 2150
501 West Adams Street
Jacksonville, FL 32202**
 - FAX COPY TO THE MAGISTRATE’S OFFICE AT 904-255-1227

IN THE CIRCUIT COURT FOR THE FOURTH JUDICIAL CIRCUIT
IN AND FOR DUVAL COUNTY, FLORIDA

CASE NO.: _____
DIVISION: _____

Petitioner,

And

Respondent,

REQUEST TO APPEAR BY TELEPHONE

The above-referenced case is scheduled for a hearing on (date) _____
at (time) _____ on the matter of _____
The () Petitioner () Respondent is unable to appear in person because _____

And requests permission from the Court to participate in the scheduled hearing by telephone.

CERTIFICATE OF SERVICE

I certify that a copy of this document was () mailed () faxed and mailed () e-mailed ()
hand-delivered to the person(s) listed below on {date} _____.

Other party or his/her attorney:

Name: _____

Address: _____

City, State, Zip: _____

E-mail: _____

**I understand that I am swearing or affirming under oath to the truthfulness of the claims
made in this answer and that the punishment for knowingly making a false statement
includes fines and/or imprisonment.**

Date: _____

Signature of Party

Tel. No.: _____

Address: _____

E-Mail: _____