**FAMILY COURT SERVICES - ROOM 2150**

**501 WEST ADAMS STREET, JACKSONVILLE, FL 32202**

**(904) 255-1060**

**CHECKLIST FOR:**

**MOTION TO SET ASIDE ORDER AND REQUEST A NEW HEARING**

Use this form if you would like to set aside an order that has been entered and would like to have a new hearing on certain matters that you would like to have addressed.

You may obtain the following forms at:

[www.flcourts.org](http://www.flcourts.org) - **(select)** – Self Help, Family Law Forms

**ALL FORMS MUST BE COMPLETED TO START YOUR CASE**

* Local Form (attached)
  + Motion to Set Aside Order and Request a New Hearing
* Form 12.900(h) **(Must be Filed)**
  + Notice of Related Cases

**INSTRUCTIONS:**

1. **Fully complete** the above forms.
2. Make **two (2) copies** of each form.
3. File your **original documents** with the **Family Law Clerk of Courts Room 2474 - 2nd floor**.

IN THE CIRCUIT COURT OF THE FOURTH JUDICIAL CIRCUIT

IN AND FOR DUVAL COUNTY, FLORIDA

CASE NO.:

DIVISION:

,

Petitioner,

And

,

Respondent,

**MOTION TO SET ASIDE ORDER AND REQUEST A NEW HEARING**

**COMES NOW** the ( ) Petitioner ( ) Respondent in this matter, and requests the Court to set aside the order entered in this case on . I believe this matter should be reheard and a new hearing set for the following reason(s):








**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

Printed Name:

Address:

Tel. No.:

E-Mail: