

REQUEST FOR HEARING TIME AND DATE
NASSAU COUNTY FLORIDA FORECLOSURE CASES

Requesting Law Firm: _____

Address

Contact person, phone number, and e-mail address

Local Counsel, phone number, and e-mail address

****ALL NOTICES OF HEARINGS MUST STATE THE NAME AND PHONE NUMBER OF LOCAL COUNSEL ON THE CASE(S) IN ADDITION TO FIRM COUNSEL. LOCAL COUNSEL, AS WELL AS FIRM COUNSEL IS AUTHORIZED TO RESCHEDULE ANY CONFLICTS IN HEARING DATES AND TIMES THAT ARISE.**

**** REQUESTING PARTY MUST SEND ALL PARTIES A NOTICE OF HEARING. IF ANY MOTION IS LATER ADDED, AN AMENDED NOTICE OF HEARING MUST BE FILED BY THE MOVING PARTY OF THE MOTION SO ADDED.**

PLEASE WRITE LEGIBLY AND CLEARLY

Nassau County Case number (45-year-CA-XXXXXX): _____

Name of Case: _____

Plaintiff's Attorney: _____
Name, Phone Number and e-mail address

Defendant's Attorney: _____
Name, Phone Number and e-mail address

Motion to be heard: _____

How many minutes are you requesting: _____

PLEASE EMAIL TO astrickland@nassauclerk.com. (After completely filling out this form, please e-mail back to the Court and we will reply with your hearing date and time.)

To be filled out by the Court

The hearing is set for:

_____ Date _____ Time _____

*****IN THE GRAND JURY ROOM, 3RD FLOOR OF THE*****
ROBERT M. FOSTER JUSTICE CENTER
76347 VETERANS WAY
YULEE, FL 32097

Reason(s) why the case could not be set for hearing at this time:

