

INSTRUCTIONS FOR FLORIDA SUPREME COURT APPROVED FAMILY LAW FORM  
12.921,  
NOTICE OF HEARING (CHILD SUPPORT ENFORCEMENT HEARING OFFICER)

**When should this form be used?**

A **child support enforcement hearing officer** is an attorney who has been appointed by administrative order of the court to take testimony and recommend decisions in cases involving the establishment, enforcement, and/or modification of **child support**. If your case only involves issues pertaining to child support, you cannot object to the referral of your case to a hearing officer.

Use this form anytime you have set a **hearing** before a child support enforcement hearing officer and have been instructed to send notice of the hearing to the other party. Before you fill out this form, you should coordinate a hearing time and date with the hearing officer and the other party. If the Department of Revenue is a party to the case, you may need to schedule your hearing time with the attorney for the Department of Revenue.

This form should be typed or printed in black ink. After completing this form, you should **file** the original with the **clerk of the circuit court** in the county where your case is filed and keep a copy for your records.

**What should I do next?**


A copy of this form must be mailed **or** hand delivered to the other party in your case.

**Where can I look for more information?**

**Before proceeding, you should read “General Information for Self Represented Litigants” found at the beginning of these forms.** For further information, See Rule 12.941, Florida Family Law Rules of Procedure.

**Special notes...**

An attorney who has been appointed by the court to serve as a child support enforcement hearing officer can also be appointed to serve as a general magistrate. If your case involves only child support issues, your case may properly be referred to a general magistrate acting as a child support enforcement hearing officer.

Remember, a person who is NOT an attorney is called a nonlawyer. If a nonlawyer helps you fill out these forms, that person must give you a copy of **Disclosure from Nonlawyer**,  Florida Family Law Rules of Procedure Form 12.900 (a), before he or she helps you. A nonlawyer helping you fill out these forms also **must** put his or her name, address, and telephone number on the bottom of the last page of every form he or she helps you complete.

IN THE CIRCUIT COURT OF THE \_\_\_\_\_ JUDICIAL CIRCUIT,  
IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA

Case No.: \_\_\_\_\_

Division: \_\_\_\_\_

\_\_\_\_\_,  
Petitioner,

and

\_\_\_\_\_,  
Respondent.

**NOTICE OF HEARING (CHILD SUPPORT ENFORCEMENT HEARING OFFICER)**

TO: *{name of other party}* \_\_\_\_\_

There will be a hearing before Child Support Enforcement Hearing Officer *{name}* \_\_\_\_\_  
\_\_\_\_\_, on *{date}* \_\_\_\_\_, at *{time}* \_\_\_\_\_ m., in Room  
\_\_\_\_\_ of the \_\_\_\_\_  
County Courthouse, on the following issues: \_\_\_\_\_

\_\_\_\_\_ hour(s)/ \_\_\_\_\_ minutes have been reserved for this hearing.

If the matter before the Child Support Enforcement Hearing Officer is a Motion for Civil Contempt/Enforcement, **FAILURE TO APPEAR AT THE HEARING MAY RESULT IN THE COURT ISSUING A WRIT OF BODILY ATTACHMENT FOR YOUR ARREST. IF YOU ARE ARRESTED, YOU MAY BE HELD IN JAIL UP TO 48 HOURS BEFORE A HEARING IS HELD.**

**This part to be filled out by the court or filled in with information you have obtained from the court:**

If you are a person with a disability who needs any accommodation in order to participate in this proceeding, you are entitled, at no cost to you, to the provision of certain assistance. Please contact *{name}* \_\_\_\_\_  
*{address}* \_\_\_\_\_ *{telephone}* \_\_\_\_\_  
within 2 working days of your receipt of this Notice of Hearing. If you are hearing or voice impaired, call TDD 1-800-955-8771.

If you are represented by an attorney or plan to retain an attorney for this matter, you should notify the attorney of this hearing.

If this matter is resolved, the moving party shall contact the hearing officer's office to cancel this hearing.

I certify that a copy of this document was [ **one** only] (  ) mailed (  ) faxed and mailed (  ) hand delivered to the person(s) listed below on {date} \_\_\_\_\_.

**Other party or his/her attorney:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Party

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

**IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW:** [  fill in **all** blanks]

I, {full legal name and trade name of nonlawyer} \_\_\_\_\_,  
a nonlawyer, located at {street} \_\_\_\_\_, {city} \_\_\_\_\_,  
{state} \_\_\_\_\_, {phone} \_\_\_\_\_, helped {name} \_\_\_\_\_,  
who is the [  **one** only] \_\_\_ petitioner **or** \_\_\_ respondent, fill out this form.