**STATE OF FLORIDA**,

 Plaintiff,

vs.

Name of Defendant,

 Defendant.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/

IN THE COUNTY COURT OF

THE EIGHTEENTH JUDICIAL CIRCUIT

IN AND FOR BREVARD COUNTY

STATE OF FLORIDA

 Case No. **05-**Case Number

**NOTICE OF DOCKET SOUNDING APPEARANCE**

The Defendant, by and through the undersigned counsel, hereby appears for the Docket Sounding on Click here to enter a date. and requests that this case be: Choose an item.

The Defendant’s counsel hereby represents that:

1. I have conferred with the Assistant State Attorney assigned to this case who has no objection to this request;

2. The Defendant has been advised concerning the requested scheduling;

3. If a plea or continuance is requested, I acknowledge that Speedy Trial is waived and that any continuance is requested in good faith;

4. I waive my appearance at the Docket Sounding and request the Court schedule this case in consultation with the Assistant State Attorney outside my presence and without further participation by the Defendant or myself; and,

5. At the time set for the Docket Sounding, I will be available by telephone at the number below to address questions or objections regarding the scheduling of this case.

**Certificate of Service**

I hereby certify that on Click here to enter a date. this document was filed with the Clerk with the code “Notice” and a copy was served by email to the Office of the State Attorney at ***BrevMisd&Traffic@sa18.org*** and to the Judicial Assistant at ***Lisa.Elkhouri@flcourts18.org***.

 Attorney for Defendant s/ Click here to enter text.

 Florida Bar No. Click here to enter text.

 Telephone No. Click here to enter text.

 Primary Email Address Click here to enter text.

 Mailing Address Click here to enter text.