

IN THE DISTRICT COURT OF APPEAL OF THE STATE OF FLORIDA
FOURTH DISTRICT

_____ ,

Appellant(s),

Case No.: _____

v.

_____ ,

Appellee(s).

REQUEST FOR EMERGENCY TREATMENT

Name of party seeking emergency treatment: _____

Title of emergency filing: _____

Nature of the emergency:

Date the order at issue was entered: _____

Date of the event that constitutes the basis for requesting emergency treatment, i.e.,
the deadline:

If a stay is sought, please indicate whether there was an application for relief in the
lower tribunal and the date and outcome of any ruling on such motion:

I hereby certify that this request for emergency treatment is made in good faith, and I understand that pursuant to Administrative Order 2014-1, a party or attorney who requests emergency treatment without an objectively reasonable basis for doing so may be sanctioned.

Signature: _____

Printed Name: _____

Address: _____

CERTIFICATE OF SERVICE

I hereby certify that a copy of the foregoing document has been furnished to

_____ by _____ on
_____.

Signature: _____

Printed Name: _____