PALM BEACH COUNTY SHERIFF'S OFFICE ORIGINAL RETURN

Court:

Circuit

Case No.:

2003DR002785

County:

Palm Beach

MICHELLE GINSBERG 2563 LIVINGSTONE LANE WEST PALM BEACH, FL 33411

NOTICE OF HEARING ON MOTION FOR CONTEMPT & COPY & COPY OF MOTION FOR CIVIL CONTEMPT/ENFORCEMENT LAWRENCE J GINSBERG

8906 MARLAMOOR LN WEST PALM BEACH, FL 33412

MICHELLE GINSBERG

LAWRENCE J GINSBERG

2013 JUN 27 PM 3: 3:
SHARON R. BOCK. CLEI

Received this Writ on June 18, 2013 and served the same on the within named defendant at 8:18 AM on June 25, 2013, in Palm Beach County, Florida, a true copy of this Writ, endorsed thereon by me, David McCormick by personally delivering to and leaving with said defendant a true copy thereof, and that he knew the person so served to be the person mentioned and described in the above documents.

By: David McCormick 3683

IN THE CIRCUIT COURT OF THE FIFTEENTH JUDICIAL CIRCUIT IN AND FOR PALM BEACH COUNTY, FLORIDA RETURN TO OFFICE

UNIFIED FAMILY COURT

CASE NO: 2003DR002785

DIVISION: FA

IN RE MICHELLE GINSBERG VSLAWRENCE J. GINSBERG

FEE: ATTACHED

NOTICE OF HEARING ON MOTION FOR CONTEMPT FILED ON JUNE 4, 2013

TO LAWRENCE J. GINSBERG INFORMATION SHEET ATTACHED

YOU ARE NOTIFIED that a motion for contempt has been filed by MICHELLE GINSBERG alleging that you are in violation of the terms of the order or Judgment entered by this court in the attached affidavit. YOU ARE CITED TO APPEAR before the Magistrate in Room # 6 E __, Palm Beach County Courthouse, 205 North Dixie Highway, West Palm Beach, Florida, on the agree day of July __ 2013,at **4:30 Am** to show cause why you should not be adjudged in contempt of court for violation of the aforesaid order. (one hour reserved) Both parties shall calculate and bring documentation if unpaid Child Support or Alimony is in question. The parties shall also bring all supporting documents or records which either may have, for example: cancelled checks, receipts, pay check stubs, income tax returns or doctor's statements which support their positions. A copy of each document that is to be introduced in evidence must be prepared in advance and provided to the Court and to the opposing party at the hearing. The Court cannot make copies for you. If you are the moving party, and have not previously provided stamped envelopes for this hearing, please do so, by providing 2 stamped envelopes for a hearing only involving child support, and 4 stamped envelopes if there are any issues other than child support. 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. SHOULD YOU WISH TO SEEK REVIEW OF THE REPORT AND RECOMMENDATION MADE BY THE MAGISTRATE, YOU MUST FILE EXCEPTIONS IN ACCORDANCE WITH RULE 12.490 (F), FLA. FAM L.R.P. IF THE MATTER AT ISSUE ONLY CONCERNS CHILD SUPPORT, THE APPLICABLE RULE IS 12.491. NO REPORT WILL BE FILED, BUT REVIEW OF THE ORDER ENTERED MAY BE SOUGHT BY FILING A MOTION TO VACATE WITHIN 10 DAYS OF THE ENTRY OF THE ORDER. YOU WILL BE REQUIRED TO PROVIDE THE COURT WITH A RECORD SUFFICIENT TO SUPPORT YOUR EXCEPTIONS OR YOUR EXCEPTIONS WILL BE DENIED. A RECORD ORDINARILY INCLUDES A WRITTEN DOCUMENT OF ALL RELEVANT PROCEEDINGS. THE PERSON SEEKING REVIEW MUST HAVE THE TRANSCRIPT IF NECESSARY FOR THE COURT'S REVIEW. YOU ARE HEREBY ADVISED THAT IN THIS CIRCUIT ELECTRONIC REPORTING IS PROVIDED BY THE COURT. IN ADDITION, ANY PARTY MAY PROVIDE A COURT REPORTER AT THE PARTY'S EXPENSE.

ÁNE, WEST PALM BEACH, FL 33411 MICHELLE GINSBERG, 2563 LIVINGSTONE

This notice is provided pursuant to Administrative Order No. 2.207-9/12

"If you are a <u>person with a disability</u> 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 Germaine English, Americans with Disabilities Act Coordinator, Palm Beach County Courthouse, 205 North Dixie Highway West Palm Beach, Florida 33401; telephone number (561) 355-4380 at least 7 days before your scheduled court appearance, or immediately upon receiving this notification if the time before the scheduled appearance is less than 7 days; if you are hearing or voice impaired, call 711."

"Si usted es una persona minusválida que necesita algún acomodamiento para poder participar en este procedimiento, usted tiene derecho, sin tener gastos propios, a que se le provea cierta ayuda. Tenga la amabilidad de ponerse en contacto con Germaine English, 205 N. Dixie Highway, West Palm Beach, Florida 33401; teléfono número (561) 355-4380, por lo menos 7 días antes de la cita fijada para su comparecencia en los tribunales, o inmediatamente después de recibir esta notificación si el tiempo antes de la comparecencia que se ha programado es menos de 7 días; si usted tiene discapacitación del oído o de la voz, llame al 711."

"Si ou se yon moun ki enfim ki bezwen akomodasyon pou w ka patisipe nan pwosedi sa, ou kalifye san ou pa gen okenn lajan pou w peye, gen pwovizyon pou jwen kèk èd. Tanpri kontakte Germaine English, kòòdonatè pwogram Lwa pou ameriken ki Enfim yo nan Tribinal Konte Palm Beach la ki nan 205 North Dixie Highway, West Palm Beach, Florida 33401; telefòn li se (561) 355-4380 nan 7 jou anvan dat ou gen randevou pou parèt nan tribinal la, oubyen imedyatman apre ou fin resevwa konvokasyon an si lè ou gen pou w parèt nan tribinal la mwens ke 7 jou; si ou gen pwoblèm pou w tande oubyen pale, rele 711."



INFORMATION SHEET ON PARTY TO BE SERVED

. 1	(FURM 170)	
Date 6/4/13	Case No: 562030RO	<u>62785×xxx M</u> B
TO: SHERIFF'S OFFICE	Division:	
TO: SHERIFF'S OFFICE Name LAWRENCE GIVEDERS P	Nickname/Alias	14
Home Address 8906 Markwoor Ln		n Beach
State 1 Zip Code 33412	County of	Beach
Phone# (8) 799-0136	,	COPY
Other Person(s) living at the address: (above age 1	5)	ORIGINAL RECEIVED FOR FILING
		JUN - 4 2013
Business name / C C 9	Work hours	SHARON R. BOCK CLERK & COMPTROLLER
Business address 8900 Mar laws	vicity WPB	FAMILY DIVISION
State Zip Code	County of Jalm	Brach
Phone # 561389 4103	\ ·	
Color and make of automobile B M W	Year License #	
Race W Sex M Age 65 Dat	e of Birth 10 16	1946
Height 6'3" Weight 2 10 Hair 1000 VE	Eyes MOW h	•
Complexion (light/medium/dark/ruddy)	alium	
Marks or features: include tattoos, scars, moustach	e, glasses, etc.	
Beard glass	ir S	
☐ Attached photograph (if you have one)	•	
List any additional information that may be helpfu	ll to the Deputy who will be ser	ving this process
•		
Include any other address where Respondent may	be served and the best time the	Respondent would be at the address:
e After Friday	June 7th	
1		

Sheriff's Information Sheet - Contempt

Form 170 (rev. 06/2008)



YOUR INFORMATION:

Name: Mcholle al	ne bed	
Ingrean making this complaintl	City w VB	
Address 2563 Living Ston L		_
State \(\)\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	3341 — County of — 1113	
Home Phone # (561) 687 2260	3	
Date of Birth 12/02/1954		
Business name		_
Business address		_
State Zip Code	County of	_
Business phone # ()	Work hours	_

Sheriff's Information Sheet - Contempt

Form 170 (rev. 06/2008)

