SAMPLE FORM FOLLOWING RULE 5.1

(1" from top of page, and centered, begin title of Court)

UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF FLORIDA

Case No. ____-Civ or Cr-(USDJ's last name/USMJ's last name)

A.B.,	
Plaintiff	
VS.	
C.D.,	
Defendant/	
TITLE	OF DOCUMENT
Dated: Month, day, year	Respectfully submitted,
	Attorney Name (Bar Number)
	Attorney E-mail Address
	Firm Name
	Street Address
	City, State, Zip Code
	Telephone: (xxx)xxx-xxxx
	Facsimile: (xxx)xxx–xxxx
	Attorneys for Plaintiff/Defendant [Party
Name(s)]	
<u>Certi</u>	ficate of Service
	correct copy of the foregoing was served by n all counsel or parties of record on the Service
	A N
	Attorney Name

SERVICE LIST

Attorney Name

Attorney E-mail Address

Firm Name Street Address

City, State, Zip Code

Telephone: (xxx)xxx-xxxx Facsimile: (xxx)xxx-xxxx

Attorneys for Plaintiff/Defendant

[Party's Name(s)]

Attorney Name

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City, State, Zip Code

Telephone: (xxx)xxx-xxxx Facsimile: (xxx)xxx-xxxx

Attorneys for Plaintiff/Defendant

[Party's Name(s)]