

IN THE CIRCUIT COURT OF THE _____ JUDICIAL CIRCUIT,
IN AND FOR _____ COUNTY, FLORIDA

Case No.: 2024 DR 001285
Division: _____

Adria Michelle Lewis
Petitioner

and

Marquice Lanvin Johnson
Respondent.

NOTICE OF ACTION FOR

{Specify action} Search & inquiry

TO: {name of Respondent} Marquice Johnson
{Respondent's last known address} Hearnycenter 2650 Municipal Way 32304

YOU ARE NOTIFIED that an action for {identify the type of case} custody
has been filed against you and that you are required to serve a copy of your written defenses, if any, to
it on {name of Petitioner} Adria (PLWLS), whose address
is 4344 Coniser St Tallahassee FL 32304,
on or before {date} July 31 2024 and file the original with the clerk of this Court at {clerk's address}

before service on Petitioner or immediately thereafter. **If you fail to do so, a default may be entered against you for the relief demanded in the petition.**

{If applicable, insert the legal description of real property, a specific description of personal property, and the name of the county in Florida where the property is located} _____

Copies of all court documents in this case, including orders, are available at the Clerk of the Circuit Court's office. You may review these documents upon request.

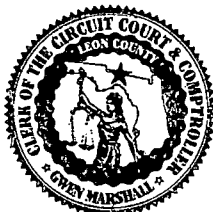
You must keep the Clerk of the Circuit Court's office notified of your current address. (You may file Designation of Current Mailing and E-Mail Address, Florida Supreme Court Approved Family Law Form 12.915.) Future papers in this lawsuit will be mailed or e-mailed to the addresses on record at the clerk's office.

WARNING: Rule 12.285, Florida Family Law Rules of Procedure, requires certain automatic disclosure of documents and information. Failure to comply can result in sanctions, including dismissal or striking of pleadings.

Dated: ~~7-1-2024~~

CLERK OF THE CIRCUIT COURT

7/3/2024



By: 
{Deputy Clerk}

IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW:

[fill in all blanks] This form was prepared for the Petitioner.

This form was completed with the assistance of:

{name of individual} _____

{name of business} _____

{address} _____

{city} _____, {state} _____, {zip code} _____, {telephone number} _____