

STATE OF NEW MEXICO  
COUNTY OF BERNALILLO  
SECOND JUDICIAL DISTRICT

\_\_\_\_\_  
Petitioner,

v.

No. \_\_\_\_\_

\_\_\_\_\_  
Respondent.

### NOTICE OF HEARING

NOTICE IS HEREBY GIVEN that a hearing in this case has been set as follows:

Date of hearing: \_\_\_\_\_  
Time of hearing: \_\_\_\_\_  
Place of hearing: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Matter(s) to be heard: \_\_\_\_\_  
Comments: \_\_\_\_\_  
Length of hearing: \_\_\_\_\_  
Judicial Officer: \_\_\_\_\_

If this hearing requires more or less time than the court has designated, or if this hearing conflicts with any prior setting, please contact us immediately as continuances may not be granted on late notice. The District Court complies with the American with Disabilities Act. Counsel or self-represented litigants may notify the Clerk of the Court of the nature of the disability at least five (5) days before ANY hearing so appropriate accommodations may be made. Please contact us if an interpreter will be needed.

\_\_\_\_\_  
CLERK OF THE DISTRICT COURT

## CERTIFICATE OF SERVICE

I, the undersigned Employee of the District Court of \_\_\_\_\_ County, New Mexico, do hereby certify that I served a copy of this document to all parties listed below on \_\_\_\_\_.  
*(list parties entitled to service)*

By: \_\_\_\_\_

**Petitioner:**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

**Respondent:**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

**Other:**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_