



## STATE OF RHODE ISLAND JUDICIARY

### FAMILY COURT

#### NOTICE OF HEARING TO NON-REGISTERED USER

<b>Plaintiff</b>	<b>Civil Action File Number</b>
<b>Defendant</b>	

Please take notice that the \_\_\_\_\_  
filed on or about the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ will be called for hearing  
before the Honorable \_\_\_\_\_ on the  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ at \_\_\_\_\_ ☐ a.m. ☐ p.m. at the following  
court location:

<input type="checkbox"/> Murray Judicial Complex Newport County 45 Washington Square Newport, Rhode Island 02840-2913 *(401) 841-8340	<input type="checkbox"/> Noel Judicial Complex Kent County 222 Quaker Lane Warwick, Rhode Island 02886-0107 *(401) 822-6725
<input type="checkbox"/> McGrath Judicial Complex Washington County 4800 Tower Hill Road Wakefield, Rhode Island 02879-2239 *(401) 782-4111	<input type="checkbox"/> Garrahy Judicial Complex Providence/Bristol County One Dorrance Plaza Providence, Rhode Island 02903-2719 *(401) 458-3200

#### CERTIFICATE OF SERVICE

I hereby certify that, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_, ☐ I mailed  
or ☐ hand-delivered this document to the attorney for the opposing party and/or the opposing  
party if self-represented, whose name is \_\_\_\_\_ at  
the following address \_\_\_\_\_.

/s/ _____ Attorney for the <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant or the <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant	Rhode Island Bar Number:  Date:
Telephone Number:	

If you need language assistance, please contact the Office of Court Interpreters at (401) 222-8710 or by email at [interpreterfeedback@courts.ri.gov](mailto:interpreterfeedback@courts.ri.gov) before your court appearance.

\* If an accommodation for a disability is necessary, please contact the Family Court Clerk's Office at the telephone number listed above as soon as possible. TTY users can contact the Family Court through Rhode Island Relay at 7-1-1 or 1-800-745-5555 (TTY) to voice number.