**Notice of Taking Deposition - Florida**

**[Your Law Firm Name]**
[Your Address]
[City, State, ZIP Code]
[Phone Number] | [Email Address]
Attorney for [Plaintiff/Defendant]

 **TO:** [All Counsel of Record]

**PLEASE TAKE NOTICE that the undersigned will take the deposition of:**

[Deponent’s Full Name]

**Date:** [Insert Date] **Time:** [Insert Time] **Location:** [Insert Address or remote platform information]

This deposition will be taken before a notary public or other authorized officer and shall be digitally audio recorded by a court reporting service in accordance with Rule 1.310(b)(4) of the Florida Rules of Civil Procedure. The deposition may also be transcribed by a certified court reporter and may be used for discovery, at trial, or for any other purpose permitted by the Florida Rules of Civil Procedure and the Rules of Evidence.

**Said deposition will continue from day to day until completed.**

**DATED this** # **day of** Month**,** YEAR**.**

 **Respectfully submitted,**

**[Your Name]
[Your Law Firm]
[Address]
[Phone Number]
[Email Address]
Attorney for [Party Name]**