

IN THE CIRCUIT COURT OF THE SIXTH JUDICIAL CIRCUIT
IN AND FOR PASCO COUNTY, FLORIDA

_____,
Petitioner,

CASE #: _____
SECTION: ____

VS.

_____,
Respondent.

PETITION FOR INJUNCTION FOR PROTECTION AGAINST DOMESTIC VIOLENCE

I, {full legal name} _____, being sworn, certify that the following statements are true:

SECTION I. PETITIONER (This section is about you. It must be completed. However, **if you fear that disclosing your address to the respondent would put you in danger**, you should complete and file **Petitioner's Request for Confidential Filing of Address**, Florida Supreme Court Approved Family Law Form 12.980(h), and write "confidential" in the space provided on this form for your address and telephone number.)

1. Petitioner currently lives at: {street address} _____
{city, state and zip code} _____
Telephone Number: {area code and number} _____
Physical description of Petitioner:
Race: _____ Sex: Male Female Date of Birth: _____
2. Petitioner's attorney's name, address, and telephone number is: _____

(If you do not have an attorney, write "none.")

SECTION II. RESPONDENT (This section is about the person you want to be protected from. It must be completed.)

1. Respondent currently lives at: {street address, city, state, and zip code} _____

Respondent's Driver's License number is: {if known} _____
2. Respondent is:
[all that apply]
 a. the spouse of Petitioner. Date of Marriage: _____
 b. the former spouse of Petitioner.
Date of Marriage: _____
Date of Dissolution of Marriage: _____
 c. related by blood or marriage to Petitioner.
Specify relationship: _____
 d. a person who is or was living in one home with Petitioner, as if a family.
 e. a person with whom Petitioner has a child in common, even if Petitioner and Respondent never were married or living together.

3. Petitioner has known Respondent since {date} _____.
4. Respondent's last known place of employment: _____
 Employment address: _____
 Working hours: _____
5. Physical description of Respondent:
 Race: ___ Sex: Male Female Date of Birth: _____
 Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____
 Distinguishing marks or scars: _____
 Vehicle: (make/model) _____ Color: _____ Tag Number: _____
6. Other names Respondent goes by (aliases or nicknames): _____
7. Respondent's attorney's name, address, and telephone number is: _____

(If you do not know whether Respondent has an attorney, write "unknown." If Respondent does not have an attorney, write "none.")

SECTION III. CASE HISTORY AND REASON FOR SEEKING PETITION (This section must be completed.)

1. Has Petitioner ever received or tried to get an injunction for protection against domestic violence against Respondent in this or any other court?
 Yes No If yes, what happened in that case? (include case number, if known)

2. Has Respondent ever received or tried to get an injunction for protection against domestic violence against Petitioner in this or any other court?
 Yes No If yes, what happened in that case? (include case number, if known)

3. Describe **any other** court case that is either going on now or that happened in the past, including a dissolution of marriage, paternity action, or child support enforcement action, **between Petitioner and Respondent** {include city, state, and case number, if known}: _____

4. Petitioner is the victim of an act of domestic violence **or** has reasonable cause to believe that he or she is in imminent danger of becoming the victim of domestic violence because respondent has (mark all sections that apply and describe in the spaces below the incidents of violence or threats of violence, specifying when and where they occurred, including, but not limited to, locations such as a home, school, place of employment, or time-sharing exchange):
- a. ___ committed or threatened to commit domestic violence defined in s. 741.28, Florida Statutes, as any assault, aggravated assault, battery, aggravated battery, sexual assault, sexual battery, stalking, aggravated stalking, kidnapping, false imprisonment, or any criminal offense resulting in physical injury or death of one family or household member by another. With the exception of persons who are parents of a child in common, the family or household members must be currently residing or have in the past resided together in the same single dwelling unit.
- b. ___ previously threatened, harassed, stalked, or physically abused the petitioner.

Has Respondent ever been the subject of a Baker Act proceeding? Yes No
 Is Respondent supposed to take medication for mental health problems? Yes No
 If yes, is Respondent currently taking his/her medication? Yes No

SECTION IV. TEMPORARY EXCLUSIVE USE AND POSSESSION OF HOME (Complete this section **only** if you want the Court to grant you temporary exclusive use and possession of the home that you share with the Respondent.)

1. Petitioner claims the following about the home that Petitioner and Respondent share or that Petitioner left because of domestic violence:

[**all** that apply]

- a. Petitioner needs the exclusive use and possession of the home that the parties share at {street address} _____
 {city, state, zip code} _____
- b. Petitioner cannot get another safe place to live because: _____

- c. If kept out of the home, Respondent has the money to get other housing or may live without money at {street address} _____
 {city, state, zip code} _____

2. The home is:

[**one** only]

- a. owned or rented by Petitioner and Respondent jointly.
- b. solely owned or rented by Petitioner.
- c. solely owned or rented by Respondent.

SECTION V. TEMPORARY PARENTING PLAN WITH TEMPORARY TIME-SHARING SCHEDULE FOR MINOR CHILD(REN) (Complete this section **only** if you are asking the court to provide a temporary parenting plan, including a temporary time-sharing schedule with regard to the minor child or children of the parties which might involve prohibiting or limiting time-sharing or requiring that it be supervised by a third party. You must be the natural parent, adoptive parent, or guardian by court order of the minor child(ren). If you are asking the court to provide a temporary parenting plan, including a temporary time-sharing schedule with regard to, the minor child or children of the parties which might involve prohibiting or limiting time-sharing or requiring that it be supervised by a third party, you must also complete and file a **Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA) Affidavit**, Florida Supreme Court Approved Family Law Form 12.902(d).

Note: If the paternity of the minor child(ren) listed below has not been established through either marriage or court order, the Court may deny a request to provide a temporary parenting plan, including a temporary time-sharing schedule with regard to, the minor child or children, and/or a request for child support.

1. Petitioner is the natural parent, adoptive parent, or guardian by court order of the minor child(ren) whose name(s) and age(s) is (are) listed below.

Name	Place of Birth	Birth date	Sex
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. The minor child(ren) whom Petitioner is asking the court to provide a temporary parenting plan, including a temporary time-sharing schedule with regard to:

[**one** only]

- a. saw the domestic violence described in this petition happen.
- b. were at the place where the domestic violence happened but did not see it.
- c. were not there when the domestic violence happened this time but have seen previous acts of domestic violence by Respondent.
- d. have not witnessed domestic violence by Respondent.

3. Name **any other** minor child(ren) who were there when the domestic violence happened. Include child(ren)'s name, age, sex, and parents' names. _____

4. **Temporary Parenting Plan and Temporary Time-Sharing Schedule**

[**all** that apply]

a. Petitioner requests that the Court provide a temporary parenting plan, including a temporary time-sharing schedule with regard to, the minor child or children of the parties, as follows: _____

b. Petitioner requests that the Court order supervised exchange of the minor child(ren) or exchange through a responsible person designated by the Court. The following person is suggested as a responsible person for purposes of such exchange. Explain: _____

c. Petitioner requests that the Court limit time-sharing by Respondent with the minor child(ren). Explain: _____

d. Petitioner requests that the Court prohibit time-sharing by Respondent with the minor child(ren) because Petitioner genuinely fears that Respondent imminently will abuse, remove, or hide the minor child(ren) from Petitioner. Explain: _____

e. Petitioner requests that the Court allow only supervised time-sharing by Respondent with the minor child(ren). Explain: _____

Supervision should be provided by a Family Visitation Center, or other (specify): _____

SECTION VI. TEMPORARY SUPPORT (Complete this section **only** if you are seeking financial support from the Respondent. You must also complete and file a **Family Law Financial Affidavit**, Florida Family Law Rules of Procedure Form 12.902(b) or (c), and **Notice of Social Security Number**, Florida Supreme Court Approved Family Law Form 12.902(j), if you are seeking child support. A **Child Support Guidelines Worksheet**, Florida Family Law Rules of Procedure Form 12.902(e), must be filed with the court at or prior to a hearing to establish or modify child support.)

[**all** that apply]

- 1. Petitioner claims a need for the money he or she is asking the Court to make Respondent pay, and that Respondent has the ability to pay that money.
- 2. Petitioner requests that the Court order Respondent to pay the following temporary alimony to Petitioner. (Petitioner must be married to Respondent to ask for temporary alimony.) Temporary Alimony Requested \$_____ every week other week month.
- 3. Petitioner requests that the Court order Respondent to pay the following temporary child support to Petitioner. (The respondent must be the natural parent, adoptive parent, or guardian by court order of the minor child(ren) for the court to order the respondent to pay child support.) Temporary child support is requested in the amount of \$_____ every week other week month.

SECTION VII. INJUNCTION (This section summarizes what you are asking the Court to include in the injunction. This section must be completed.)

- 1. Petitioner asks the Court to enter a TEMPORARY INJUNCTION for protection against domestic violence that will be in place from now until the scheduled hearing in this matter.
- 2. Petitioner asks the Court to enter, after a hearing has been held on this petition, a final judgment on injunction prohibiting Respondent from committing any acts of domestic violence against Petitioner **and**:
 - a. prohibiting Respondent from going to or within 500 feet of any place the Petitioner lives;
 - b. prohibiting Respondent from going to or within 500 feet of the Petitioner’s place(s) of employment or school; the address of Petitioner’s place(s) of employment or school is: _____
 - c. prohibiting Respondent from contacting Petitioner by mail, by telephone, through another person, or in any other manner;
 - d. prohibiting Respondent from knowingly and intentionally going to or within 100 feet of Petitioner’s motor vehicle.
 - e. prohibiting Respondent from defacing or destroying Petitioner’s personal property.
- [all that apply]
- f. prohibiting Respondent from going to or within 500 feet of the following place(s) Petitioner or Petitioner’s minor child(ren) must go often {include address}: _____
- g. granting Petitioner temporary exclusive use and possession of the home Petitioner and Respondent share;
- h. granting Petitioner on a temporary basis 100% of the time sharing with the parties’ minor child(ren);
- i. establishing a temporary parenting plan including a temporary time-sharing schedule for the parties’ minor child(ren);
- j. granting temporary alimony for Petitioner;
- k. granting temporary child support for the minor child(ren);
- l. ordering Respondent to participate in treatment, intervention, and/or counseling services;
- m. referring Petitioner to a certified domestic violence center; and any other terms the Court deems necessary for the protection of Petitioner and/or Petitioner’s child(ren), including injunctions or directives to law enforcement agencies, as provided in section 741.30, Florida Statutes.

I UNDERSTAND THAT BY FILING THIS PETITION, I AM ASKING THE COURT TO HOLD A HEARING ON THIS PETITION, THAT BOTH RESPONDENT AND I WILL BE NOTIFIED OF THE HEARING, AND THAT I MUST APPEAR AT THE HEARING.

I HAVE READ EVERY STATEMENT MADE IN THIS PETITION, AND EACH STATEMENT IS TRUE AND CORRECT. I UNDERSTAND THAT THE STATEMENTS MADE IN THIS PETITION ARE BEING MADE UNDER PENALTY OF PERJURY, PUNISHABLE AS PROVIDED IN SECTION 837.02, FLORIDA STATUTES.

(initials)

Dated: _____

Signature of Petitioner

STATE OF FLORIDA
COUNTY OF _____

Sworn to or affirmed and signed before me on _____ by _____.

*Paula S. O'Neil
Clerk & Comptroller
Pasco County, Florida*

By: _____
Deputy Clerk

NOTARY PUBLIC

[Print, type, or stamp commissioned name of notary.]

- Personally known
- Produced identification
- Type of identification produced _____

COURT INTAKE FORM

This information will be kept in a separate file from the cases that have been filed. To help us comply with Federal State Reporting requirements and to provide you the petitioner with community services options, please answer the following questions:

Date: _____ Name: _____ Sex: _____ Phone # _____

Address: _____ Zip Code _____

Do you elect to keep your address confidential? Yes No

Date of Birth: _____ Race: Hispanic Black Asian White American Indian Other

Referral Source: [circle one]

Law Enforcement Victim Attorney Family/Friend State Attorney Human Service Agency Self

Children's Names:	SSN #	Date of Birth:	Child's Mother Name:	Child's Father Name:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

- | | | |
|---|-----|----|
| 1. Are you married? | Yes | No |
| 2. Have you lived at a shelter? | Yes | No |
| 3. Did you complete High School or receive a GED? | Yes | No |
| 4. Do you or another adult in your home need assistance reading? | Yes | No |
| 5. Do you receive AFDC? | Yes | No |
| 6. Are you employed outside the home? | Yes | No |
| 7. Do you have a restraining order now or have you had one in the past? | Yes | No |
| 8. Do you receive disability benefits? | Yes | No |
| 9. Is the incident alcohol or drug related? | Yes | No |
| 10. Have you or anyone in your household ever been arrested for Domestic Violence? | Yes | No |
| 11. Does anyone in your household or family hurt, harass, intimidate or threaten any other member of the household or family? | Yes | No |
| 12. Are you currently pregnant? | Yes | No |
| 13. Do you need a place to stay temporarily until stable housing is found? | Yes | No |

14. Please circle the items you have immediate needs for:
Housing Food Child Care Transportation Counseling Parenting Classes Legal Assistance

- | | | |
|--|-----|----|
| 15. May we have an outside agency or agencies contact you to assist you with these needs and services? | Yes | No |
| 16. May we have someone from the domestic violence center contact you? | Yes | No |
| 17. Is it safe to contact you at the above listed number? | Yes | No |

If no, how can we safely contact you? _____

Signature of Party: _____

Please list any other cases that are currently open or pending on the back of this form. Include any civil, probate, dependency, delinquency or criminal cases and the county they are in.

WORKSHEET/DOMESTIC VIOLENCE
TO BE FILLED OUT COMPLETELY BY PLAINTIFF

CASE NO. _____

PETITIONER'S NAME: _____ DOB: _____

PET'S MAILING ADDRESS: _____

PET'S PHYSICAL ADDRESS: _____

SUBDIVISION: _____ IS THE PETITIONER A MINOR YES NO

PETITIONER'S HOME PHONE: _____ OTHER PHONE # _____

RESPONDENT'S NAME: _____

RESP'S MAILING ADDRESS: _____

RESP'S PHYSICAL ADDRESS: _____

SUBDIVISION: _____ HOME PHONE: _____

DIRECTIONS TO RESPONDENT'S HOUSE: _____

LIST ANY DOGS OR WEAPONS AT RESPONDENT'S HOUSE: _____

PHYSICAL DESCRIPTION: HT: _____ WT: _____ EYES: _____ SKIN: _____

IS THE RESPONDENT A MINOR? YES NO

SEX: MALE RACE: _____ HAIR: _____ DOB: _____

FEMALE OTHER (TATOOS/SCARS, ETC"): _____

PHOTO ATTACHED: YES NO

RESPONDENT'S EMPLOYER: _____

RESPONDENT'S WORK ADDRESS: _____

WORK PHONE NUMBER: _____ HOURS: _____

IS RESPONDENT CURRENTLY IN JAIL? YES NO

IS RESPONDENT KNOWN TO BE VIOLENT TO ANY OTHER THAN YOU? _____

DESCRIPTION OF RESPONDENT'S VEHICLE:

YEAR _____ MAKE _____ MODEL _____

COLOR _____ TAG _____

IF RESPONDENT CANNOT BE LOCATED AT HOME OR PLACE OF EMPLOYMENT, CAN YOU

SUGGEST OTHER LOCATIONS? (RELATIVES, FRIENDS, ADDRESSES, HANGOUT) _____

Service to: Pasco Pinellas Hernando Hillsborough Other: _____