

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

Case No.: _____

Division: _____

_____,
Petitioner,

and

_____,
Respondent.

PETITION FOR INJUNCTION FOR PROTECTION AGAINST REPEAT 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.)

1. Petitioner currently lives at: *{address, city, state, zip code}* _____

[√ if applies]

_____ **Petitioner seeks an injunction for protection on behalf of a minor child.**

Petitioner is the parent or legal guardian of *{full legal name}* _____,
a minor child who is living at home.

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: *{address, city, state, and zip code}* _____

Respondent's Driver's License number is: *{if known}* _____

2. Petitioner has known Respondent since: *{date}* _____

3. Respondent's last known place of employment: _____

Employment address: _____

Working hours: _____

4. Physical description of Respondent:
 Race: _____ Sex: Male ___ Female _____ Date of Birth: _____
 Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____
 Distinguishing marks and/or scars: _____
 Vehicle: (make/model) _____ Color: _____ Tag Number: _____
5. Other names Respondent goes by (aliases or nicknames): _____
6. 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, repeat violence, dating violence, or sexual 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, repeat violence, dating violence, or sexual 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 **between Petitioner and Respondent** *{include case number, if known}*:

4. Respondent has directed at least two incidents of "violence," meaning assault, aggravated assault, battery, aggravated battery, sexual assault, sexual battery, stalking, aggravated stalking, kidnaping, or false imprisonment, or any criminal offense resulting in physical injury or death against Petitioner or a member of Petitioner's immediate family. One of these two incidents of "violence" has occurred within 6 months of the date of filing of this petition. The most recent incident (including date and location) is described below.
 On *{date}* _____, at *{location}* _____,
 Respondent _____

Check here if you are attaching additional pages to continue these facts.

5. Other prior incidents (including dates and location) are described below:
On *{date}* _____, at *{location}* _____,
Respondent _____

Check here if you are attaching additional pages to continue these facts.

6. Petitioner genuinely fears repeat violence by Respondent. Explain: _____

7. **Additional Information**

[**all** that apply]

___ a. Respondent owns, has, and/or is known to have guns or other weapons.
Describe weapon(s): _____

___ b. This or prior acts of repeat violence have been previously reported to: *{person or agency}*
_____.

SECTION IV. INJUNCTION (This section must be completed.)

1. Petitioner asks the Court to enter an injunction prohibiting Respondent from committing any acts of violence against Petitioner and:
- a. prohibiting Respondent from going to or within 500 feet of any place Petitioner lives;
 - b. prohibiting Respondent from going to or within 500 feet of Petitioner's place(s) of employment or the school that Petitioner attends; the address of Petitioner's place(s) of employment and/or school is: _____;
 - c. prohibiting Respondent from contacting Petitioner by telephone, mail, by e-mail, in writing, through another person, or in any other manner;
 - d. ordering Respondent not to use or possess any guns or firearms;
- [all that apply]
- _____ e. prohibiting Respondent from going to or within 500 feet of the following place(s) Petitioner or Petitioner's immediate family must go to often: _____
 - _____ f. prohibiting Respondent from knowingly and intentionally going to or within 100 feet of Petitioner's motor vehicle; and any other terms the Court deems necessary for the safety of Petitioner and Petitioner's immediate family.

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

I UNDERSTAND THAT I AM SWEARING OR AFFIRMING UNDER OATH TO THE TRUTHFULNESS OF THE CLAIMS MADE IN THIS PETITION AND THAT THE PUNISHMENT FOR KNOWINGLY MAKING A FALSE STATEMENT INCLUDES FINES AND/OR IMPRISONMENT.

Dated: _____

 Signature of Petitioner
 Printed Name: _____
 Address: _____
 City, State, Zip: _____
 Telephone Number: _____
 Fax Number: _____

STATE OF FLORIDA
 COUNTY OF _____

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

NOTARY PUBLIC or DEPUTY CLERK

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

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

WORKSHEET/DOMESTIC VIOLENCE
TO BE FILLED OUT COMPLETELY BY PLAINTIFF

CASE NO. _____

PETITIONER'S NAME: _____

DOB: _____ SEX: MALE FEMALE RACE: _____

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: _____

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.