

****IMPORTANT****



It is strongly recommended that you file your paperwork DURING THE MORNING BUSINESS HOURS to allow sufficient time during the day for the court to review your request. Pursuant to Administrative Order number 2010- 044, all Petitions for Protective Injunctions must be filed in the Clerk's office before 4 p.m. for same day processing.

Please contact your respective Domestic Violence Center for emergency shelter and assistance after hours:

New Port Richey:

Salvation Army Domestic Violence Center
P.O. Box 5517
Hudson, FL 34674
(727) 856-5797

Dade City:

Sunrise Domestic Violence Center
P.O. Box 928
Dade City, FL 33526
(352) 521-3120

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

_____,
Petitioner,

Case No.: _____

Division: _____

and

_____,
Respondent.

PETITION FOR INJUNCTION FOR PROTECTION AGAINST REPEAT VIOLENCE

I, {full legal name} _____, declare under penalties of perjury,
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 a 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 the following address: {address, city, state, zip code} _____
_____.

{Indicate if applicable}

____ 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 the following address: {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: _____

5. Other prior incidents (including dates and location) are described below:

On {date} _____, at {location} _____,
Respondent _____

_____.

_____ Please indicate here if you are attaching additional pages to continue these facts.

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

_____.

7. **Additional Information**

{Choose 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 a TEMPORARY INJUNCTION for protection against repeat 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 of 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;

{Indicate 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 IF EITHER RESPONDENT OR I FAIL TO APPEAR AT THE FINAL HEARING, WE WILL BE BOUND BY THE TERMS OF ANY INJUNCTION OR ORDER ISSUED AT THAT HEARING.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE. I UNDERSTAND THAT THE STATEMENTS MADE IN THIS PETITION ARE BEING MADE UNDER PENALTIES OF PERJURY, PUNISHABLE AS PROVIDED IN SECTION 92.525, FLORIDA STATUTES.

Dated: _____

Signature of Petitioner
Printed Name: _____
{Do not write your address if you are filing or have filed a Request for Confidential Filing of Address, Form 12.980(h).}
Address: _____
City, State, Zip: _____
Telephone Number: _____
Designated E-Mail Address(es): _____

IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW:

[fill in all blanks] This form was prepared for the: {choose only one} () Petitioner () Respondent

This form was completed with the assistance of:

{name of individual} _____

{name of business or individual} _____

{address} _____

{city} _____, {state} _____, {telephone number} _____.

{email address} _____.

COVER SHEET FOR FAMILY COURT CASES

I. Case Style

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

Case No.: _____

Judge: _____

Petitioner,

and

Respondent.

II. Type of Action/Proceeding. Place a check beside the proceeding you are initiating. If you are filing more than one type of proceeding (such as a modification and an enforcement proceeding) against the same party at the same time, then you must complete a separate cover sheet for each action being filed. **If you are reopening a case, choose one of the three options below it.**

- (A) ___ Initial Action/Petition
- (B) ___ Reopening Case
 - 1. ___ Modification/Supplemental Petition
 - 2. ___ Motion for Civil Contempt/Enforcement
 - 3. ___ Other

III. Type of Case. If the case fits more than one type of case, select the most definitive.

- (A) ___ Simplified Dissolution of Marriage
- (B) ___ Dissolution of Marriage
- (C) ___ Domestic Violence
- (D) ___ Dating Violence
- (E) ___ Repeat Violence
- (F) ___ Sexual Violence
- (G) ___ Stalking
- (H) ___ Support IV-D (Department of Revenue, Child Support Enforcement)
- (I) ___ Support Non-IV-D (**not** Department of Revenue, Child Support Enforcement)
- (J) ___ UIFSA IV-D (Department of Revenue, Child Support Enforcement)
- (K) ___ UIFSA Non-IV-D (**not** Department of Revenue, Child Support Enforcement)
- (L) ___ Support for Dependent Adult Children – all matters related to support of a dependent adult child.
- (M) ___ Other Family Court
- (N) ___ Adoption Arising Out Of Chapter 63

- (O) ___ Name Change
- (P) ___ Paternity/Disestablishment of Paternity
- (Q) ___ Juvenile Delinquency
- (R) ___ Petition for Dependency
- (S) ___ Shelter Petition
- (T) ___ Termination of Parental Rights Arising Out Of Chapter 39
- (U) ___ Adoption Arising Out Of Chapter 39
- (V) ___ CINS/FINS
- (W) ___ Petition for Temporary or Concurrent Custody by Extended Family
- (X) ___ Emancipation of a Minor

IV. Rule of General Practice and Judicial Administration 2.545(d) requires that a Notice of Related Cases Form, Family Law Form 12.900(h), be filed with the initial pleading/petition by the filing attorney or self-represented litigant in order to notify the court of related cases. Is Form 12.900(h) being filed with this Cover Sheet for Family Court Cases and initial pleading/petition?

- ___ No, to the best of my knowledge, no related cases exist.
- ___ Yes, all related cases are listed on Family Law Form 12.900(h).

ATTORNEY OR PARTY SIGNATURE

I CERTIFY that the information I have provided in this cover sheet is accurate to the best of my knowledge and belief.

Signature _____ FL Bar No.: _____
 Attorney or party (Bar number, if attorney)

 (Type or print name) (E-mail Address(es))

 Date

IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW: [fill in all blanks]

This form was prepared for the: *{choose only one}* ___ Petitioner ___ Respondent

This form was completed with the assistance of:

{name of individual} _____

{name of business} _____

{address} _____

{city} _____, *{state}* _____, *{zip code}* _____, *{telephone number}* _____.



Pasco Sheriff's Office PROTECTIVE INJUNCTION WORKSHEET

(Continued)



Is the respondent currently in jail? Yes No **If yes, which county?** _____

Respondent Home Address: _____
STREET CITY ZIP CODE

Employer: _____ **Phone Number:** _____

Employer Address: _____
STREET CITY ZIP CODE

Work Schedule/Hours: _____ **Occupation:** _____

OTHER POSSIBLE HANG OUTS

Address: _____
STREET CITY ZIP CODE

Address: _____
STREET CITY ZIP CODE

Phone Number: _____ **Alternate Number:** _____

VEHICLE INFORMATION

Year: _____ **Make:** _____ **Model:** _____ **Color:** _____

License Plate (if known): _____

Is the respondent known to carry a weapon? Yes No **If yes, What type:** _____

ADDITIONAL INFORMATION

Please provide any additional information that may assist law enforcement in locating the Respondent

COUNTY OF SERVICE

Hernando Hillsborough Pasco Pinellas Polk Other: _____

IN THE CIRCUIT COURT OF THE SIXTH JUDICIAL CIRCUIT
OF THE STATE OF FLORIDA IN AND FOR PINELLAS/PASCO COUNTY
CIRCUIT CIVIL NO: _____

IN RE:

_____,
Petitioner

and

_____,
Respondent.

PETITIONER'S WAIVER OR NON-WAIVER OF RETURN HEARING

I, _____, the Petitioner herein, have filed a Petition for Protection Against Domestic Violence Dating Violence Repeat Violence Stalking/Cyberstalking,or Sexual Violence. I understand that, after reviewing the Petition, the court may:

- a.) Issue a temporary injunction and set the case for hearing with notice to the Respondent, or
- b.) Not issue a temporary injunction and set the case for hearing with notice to the Respondent, or
- c.) Deny the temporary injunction and not set the case for hearing

Petitioner: Please initial either Paragraph A or B below:

_____ A. If the court does not issue a temporary injunction for protection, I request that a hearing be set and understand that notice of the hearing and copy of the Petition for Injunction will be provided to the Respondent.

OR

_____ B. If the court does not issue a temporary injunction for protection, I do **NOT** want a return hearing to be scheduled. I do **NOT** want the Respondent to be served with a notice of hearing or a copy of the Petition for Injunction without a temporary injunction for protection in place. I waive my right under F.S§741.30(5)(b) to have this case set for hearing. I further understand that nothing herein affects my right to amend my petition. I have signed this waiver freely and voluntarily.

Signature of Petitioner

Date

Printed Name: _____

Mailing Address. All parties shall notify the Clerk of the Court of any change in his or her mailing address within 10 days of the change. All Petitioners may submit and update confidential addresses at the Pasco Clerk of Court or contact the Florida Attorney General's Office Address Confidentiality Program.

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

Petitioner
VS.

Respondent

Case #: _____
Section: _____

MOTION FOR CONFIDENTIAL FILING OF ADDRESS

I, {full legal name} _____,
Petitioner in the above styled action for a Temporary Injunction for Protection Against
_____ Violence, motion the Court to maintain and hold as confidential, the following
address:

Address _____
City _____ State _____ Zip _____
Telephone (area code and Number) _____.

This request is being made for the purpose of keeping the location of my
residence unknown to Respondent for safety reasons.

Dated: _____

Signature of Petitioner

ORDER FOR CONFIDENTIAL FILING OF ADDRESS

The above mentioned motion is hereby

- DENIED
- Reason:

_____.

GRANTED Dated this _____ day of

_____, _____.

CIRCUIT JUDGE

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

Case No.: _____
Division: _____

Petitioner,
and

Respondent.

NOTICE OF RELATED CASES

1. Petitioner submits this Notice of Related Cases as required by Florida Rule of General Practice and Judicial Administration 2.545(d). A related case may be an open or closed civil, criminal, guardianship, domestic violence, juvenile delinquency, juvenile dependency, or domestic relations case. A case is "related" to this family law case if it involves any of the same parties, children, or issues and it is pending at the time the party files a family case; if it affects the court's jurisdiction to proceed; if an order in the related case may conflict with an order on the same issues in the new case; or if an order in the new case may conflict with an order in the earlier litigation.

[check **one** only]

There are no related cases.

The following are the related cases (add additional pages if necessary):

Related Case No. 1

Case Name(s): _____

Petitioner _____

Respondent _____

Case No.: _____ Division: _____

Type of Proceeding: [check **all** that apply]

Dissolution of Marriage

Paternity

Custody

Adoption

Child Support

Support for Dependent Adult Children

Modification/Enforcement/Contempt Proceedings

Juvenile Dependency

Juvenile Delinquency

Termination of Parental Rights

Criminal

Domestic/Sexual/Dating/Repeat

Mental Health

Violence or Stalking Injunctions

Other {specify} _____

State where case was decided or is pending: Florida Other: {specify} _____

Name of Court where case was decided or is pending (for example, Fifth Circuit Court, Marion County, Florida): _____

Related Case No. 3

Case Name(s): _____

Petitioner _____

Respondent _____

Case No.: _____ Division: _____

Type of Proceeding: [check **all** that apply]

- Dissolution of Marriage
- Custody
- Child Support
- Modification/Enforcement/Contempt Proceedings
- Juvenile Dependency
- Termination of Parental Rights
- Domestic/Sexual/Dating/Repeat
- Violence or Stalking Injunctions
- Paternity
- Adoption
- Support for Dependent Adult Children
- Juvenile Delinquency
- Criminal
- Mental Health
- Other {specify} _____

State where case was decided or is pending: _____ Florida _____ Other: {specify} _____

Name of Court where case was decided or is pending (for example, Fifth Circuit Court, Marion County, Florida): _____

Title of last Court Order/Judgment (if any): _____

Date of Court Order/Judgment (if any): _____

Relationship of cases check all that apply]:

- pending case involves same parties, children, or issues;
- may affect court's jurisdiction;
- order in related case may conflict with an order in this case;
- order in this case may conflict with previous order in related case.

Statement as to the relationship of the cases: _____

2. [check **one** only]

- I **do not** request coordination of litigation in any of the cases listed above.
- I **do** request coordination of the following cases: _____

3. [check **all** that apply]

- Assignment to one judge
- Coordination of existing cases will conserve judicial resources and promote an efficient determination of these case because: _____

4. The Petitioner acknowledges a continuing duty to inform the court of any cases in this or any other state that could affect the current proceeding.

Dated: _____

Petitioner's Signature
Printed Name: _____
Address: _____
City, State, Zip: _____
Telephone Number: _____
Fax Number: _____
E-mail Address(es): _____

CERTIFICATE OF SERVICE

I **CERTIFY** that I delivered a copy of this Notice of Related Cases to the _____ County Sheriff's Department or a certified process server for service on the Respondent, and [**check all used**] () e-mailed () mailed () hand delivered, a copy to {name} _____, who is the [**check all that apply**] () judge assigned to new case, () chief judge or family law administrative judge, () {name} _____ a party to the related case, () {name} _____, a party to the related case on {date} _____.

Signature of Petitioner/Attorney for Petitioner
Printed Name: _____
Address: _____
City, State, Zip: _____
Telephone Number: _____
E-mail Address(es): _____
Florida Bar Number: _____

IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW:

[fill in **all** blanks] This form was prepared for the {choose **only one**}: () Petitioner () Respondent.

This form was completed with the assistance of:

{name of individual} _____,
{name of business} _____,
{address} _____,
{city} _____ {state} _____, {telephone number} _____.