

**\*\*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.: \_\_\_\_\_

and

Division: \_\_\_\_\_

\_\_\_\_\_  
Respondent.

## PETITION FOR INJUNCTION FOR PROTECTION AGAINST SEXUAL 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.)

1. Petitioner currently lives at the following address: *{address, city, state, zip code}* \_\_\_\_\_

\_\_\_\_\_  
Date of Birth of Petitioner: \_\_\_\_\_

*{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. Respondent's last known place of employment: \_\_\_\_\_  
 Employment address: \_\_\_\_\_  
 Working hours: \_\_\_\_\_
  
3. 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: \_\_\_\_\_
  
4. Other names Respondent goes by (aliases or nicknames): \_\_\_\_\_  
 \_\_\_\_\_
  
5. 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.")
  
6. If Respondent is a minor, the address of Respondent's parent or legal guardian is: \_\_\_\_\_  
 \_\_\_\_\_

**SECTION III. CASE HISTORY AND REASON FOR SEEKING PETITION**

(This section must be completed.)

1. Petitioner has suffered sexual violence as shown by the fact that the Respondent has: *{describe the acts of violence}* \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

*{Indicate all that apply}*

- a. \_\_\_\_\_ Petitioner reported the sexual violence to law enforcement and is cooperating in any criminal proceeding. The incident report number by law enforcement is: \_\_\_\_\_. *{If there is a criminal case, include case number, if known}* \_\_\_\_\_.
  
- b. \_\_\_\_\_ Respondent was sent to prison for committing sexual violence against Petitioner or Petitioner's minor child living at home and Respondent is out of prison or is getting out of prison within 90 days. The notice of inmate release is attached.

2. Has Petitioner ever received or tried to get an injunction for protection against domestic violence, dating violence, repeat 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}* \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  
3. Has Respondent ever received or tried to get an injunction for protection against domestic violence, dating violence, repeat 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}* \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  
4. 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}*: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  
5. **Additional Information**  
*{Indicate 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 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 sexual violence that will be in place from now until the scheduled hearing in this matter.
  
2. 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;

*{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



Case Number: \_\_\_\_\_

The fields in **BOLD** are required by the Florida Department of Law Enforcement and the FBI for injunctions to be included in State and National databases. Without this information, the injunction may not be able to be served because the correct identity of the respondent may not be able to be confirmed. Also, without necessary information, it may not be able to be entered and therefore not recognized throughout the USA. Please fill out the form completely.

## PETITIONER'S INFORMATION

**Name:** \_\_\_\_\_ **Race:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **DOB:** \_\_\_\_\_  
First Middle Last

**Address:** \_\_\_\_\_  
Street  
\_\_\_\_\_  
City Zip Code

**Phone #:** \_\_\_\_\_

**How do you know the respondent?** \_\_\_\_\_

**Have you ever lived with the respondent?**  Yes  No

**Is an interpreter needed?**  Yes  No **If so, which language and for whom?**

\_\_\_\_\_

## ON BEHALF OF (OBO) INFORMATION

**Name:** \_\_\_\_\_ **Race:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **DOB:** \_\_\_\_\_  
First Middle Last

2nd OBO

**Name:** \_\_\_\_\_ **Race:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **DOB:** \_\_\_\_\_  
First Middle Last

3rd OBO

**Name:** \_\_\_\_\_ **Race:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **DOB:** \_\_\_\_\_  
First Middle Last

## RESPONDENT'S INFORMATION

**Name:** \_\_\_\_\_ **Race:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **DOB:** \_\_\_\_\_  
First Middle Last

**Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ **Hair Color:** \_\_\_\_\_ **Eye Color:** \_\_\_\_\_



# 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.

**INSTRUCTIONS FOR FLORIDA SUPREME COURT APPROVED FAMILY LAW  
FORM 12.980(h)  
REQUEST FOR CONFIDENTIAL FILING OF ADDRESS  
(06/18)**

**When should this form be used?**

If you fear that disclosing your address would put you in danger because you are the victim of sexual battery, aggravated child abuse, stalking, aggravated stalking, harassment, aggravated battery, or domestic violence, you should complete this form and **file** it with the **clerk of the circuit court**.

This form should be typed or printed in black ink. After completing this form, you should **file** the original with the clerk of the circuit court in the county where your petition was filed and keep a copy for your records.

**IMPORTANT INFORMATION REGARDING E-FILING**

The Florida Rules of Judicial Administration now require that all petitions, pleadings, and documents be filed electronically except in certain circumstances. **Self-represented litigants may file petitions or other pleadings or documents electronically; however, they are not required to do so.** If you choose to file your pleadings or other documents electronically, you must do so in accordance with Florida Rule of Judicial Administration 2.525, and you must follow the procedures of the judicial circuit in which you file. **The rules and procedures should be carefully read and followed.**

IN THE CIRCUIT COURT OF THE \_\_\_\_\_ JUDICIAL CIRCUIT,  
IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA

Case No.: \_\_\_\_\_  
Division: \_\_\_\_\_

\_\_\_\_\_  
Petitioner,

and

\_\_\_\_\_  
Respondent.

## REQUEST FOR CONFIDENTIAL FILING OF ADDRESS

I, *{full legal name}* \_\_\_\_\_, request that the Court 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 for safety reasons pursuant to section 119.071(2)(j)1, section 741.30(3)(b)(a), section 784.046(4)(b)1, and section 784.0485(3)(b)1, Florida Statutes, or other statutory provision providing for the separate confidential filing for safety reasons.

Dated: \_\_\_\_\_  
Signature \_\_\_\_\_

### CLERK'S CERTIFICATE AS TO REQUEST FOR CONFIDENTIAL FILING OF ADDRESS

I, \_\_\_\_\_, as Clerk of the Circuit Court, do hereby certify that I received and filed the above and will keep the above address confidential, subsequent to further order of the Court relative to such confidentiality.

CLERK OF THE CIRCUIT COURT

(SEAL)

By: \_\_\_\_\_  
*{Deputy Clerk}*

# INSTRUCTIONS FOR FLORIDA FAMILY LAW RULES OF PROCEDURE FORM 12.900(h), NOTICE OF RELATED CASES (02/24)

## When should this form be used?

Florida Rule of General Practice and Judicial Administration 2.545(d) requires the **petitioner** in a family law case to file with the court a notice of related cases, if any. Your circuit may also require this form to be filed even if there are no related cases. A case is considered related if:

- it involves the same parties, children, or issues and is pending when the family law case is filed; or
- it affects the court's jurisdiction to proceed; or
- an order in the related case may conflict with an order on the same issues in the new case; or
- an order in the new case may conflict with an order in the earlier case.

This form is used to provide the required notice to the court.

This form should be typed or printed in black ink. It must be **filed** with the **clerk of the circuit court** with the initial pleading in the family law case.

## What should I do next?

A copy of the form must be served on the presiding judge, either the chief judge or the family law administrative judge, and all parties in the related cases. You should also keep a copy for your records. **Service** must be in accordance with Florida Rule of General Practice and Judicial Administration 2.516.

## Where can I look for more information?

**Before proceeding, you should read "General Information for Self-Represented Litigants" found at the beginning of these forms.** The words that are in "**bold and underline**" in these instructions are defined there. For further information, see Florida Rule of General Practice and Judicial Administration 2.545(d).

## Special notes . . .

Remember, a person who is NOT an attorney is called a nonlawyer. If a nonlawyer helps you fill out these forms, that person must give you a copy of a **Disclosure from Nonlawyer**, Florida Family Law Rules of Procedure Form 12.900(a), before he or she helps you. A nonlawyer helping you fill out these forms **must** also put his or her name, address, and telephone number on the bottom of the last page of every form he or she helps you complete.

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} \_\_\_\_\_.