

****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,

and

_____,
Respondent.

Case No.: _____
Division: _____

**PETITION FOR INJUNCTION FOR PROTECTION AGAINST DATING
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} _____
_____.
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. 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.")

7. 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. Have the Petitioner and Respondent been involved in a dating relationship within the past six months?
____ Yes ____ No

2. Describe the nature of the relationship between the Petitioner and Respondent *{Include the length of time of the relationship, the romantic or intimate nature of the relationship, the frequency or type of interaction, and any other facts that characterize the relationship}*

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

3. Has Petitioner ever received or tried to get an injunction for protection against domestic violence, dating violence, repeat violence, or sexual violence, or stalking against Respondent in this or any other court?
____ Yes ____ No If yes, what happened in that case? *{Include case number, if known}*

4. Has Respondent ever received or tried to get an injunction for protection against domestic violence, dating violence, repeat violence, or sexual violence, or stalking against Petitioner in this or any other court?
____ Yes ____ No If yes, what happened in that case? *{Include case number, if known}*

5. 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}: _____
_____.

6. Respondent has directed an incident of violence, meaning assault, aggravated assault, battery, aggravated battery, sexual assault, sexual battery, stalking, aggravated stalking, kidnapping, or false imprisonment, or any criminal offense resulting in physical injury or death against Petitioner or a minor child living at home. The incident (including date and location) is described below.

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

Respondent

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

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

On {date(s)} _____, at {location(s)} _____,

Respondent

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

8. **Imminent Danger**

{Please complete **either** paragraph a or b below}

a. ____ Petitioner is a victim of dating violence and has reasonable cause to believe he or she is in **imminent danger** of becoming a victim of another act of dating violence. {Explain what Respondent has done to make you a victim of dating violence and to make you fear that you are in **imminent danger** of becoming a victim of another act of dating violence.}

OR

b. ____ Petitioner has reasonable cause to believe he or she is in **imminent danger** of becoming a victim of dating violence as demonstrated by the fact that Respondent has: {Explain what Respondent has done that makes you fear that you are in **imminent danger** of becoming a victim of dating violence.}

9. **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 dating 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 dating 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}

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*): _____

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: _____

Related Case No. 2

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): _____

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: _____

Related Case No. 3

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*): _____

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} _____.