

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

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

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

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

and

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

## PETITION FOR INJUNCTION FOR PROTECTION AGAINST DATING 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 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

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\_\_\_\_ 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

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\_\_\_\_ 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.}*

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**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.}*

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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.**

**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.**

**THIS PETITION MUST BE SIGNED BY THE PETITIONER BUT IT IS NOT REQUIRED TO BE NOTARIZED IF IT IS FILED**

**DURING THE SCOPE AND DURATION OF A STATE OF EMERGENCY DECLARED BY A GOVERNMENTAL ENTITY.**

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

\_\_\_\_\_  
Signature of Petitioner  
Printed Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
Designated E-Mail Address(es): \_\_\_\_\_  
\_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me by means of  physical presence or  online notarization, this  
\_\_\_\_ day of \_\_\_\_\_ 20\_\_, by \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC or DEPUTY CLERK

\_\_\_\_\_  
*{Print, type, or stamp commissioned name of notary or clerk.}*

Personally Known OR  Produced Identification  
Type of Identification Produced: \_\_\_\_\_

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

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

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

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

and

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

### DESIGNATION OF CURRENT MAILING AND E-MAIL ADDRESS

I, *{full legal name}*, \_\_\_\_\_, certify that:

#### **MAILING ADDRESS:**

My current mailing address is:

*{Street or Post Office Box}* \_\_\_\_\_

*{Apartment, lot, etc.}* \_\_\_\_\_

*{City}*, \_\_\_\_\_, *{State}*, \_\_\_\_\_, *{Zip}* \_\_\_\_\_.

*{Telephone No.}* \_\_\_\_\_ *{Fax No.}* \_\_\_\_\_.

#### **E-MAIL ADDRESS:**

The following is/are my e-mail address(es) for purposes of serving and receiving documents:

Primary e-mail address:

\_\_\_\_\_

Secondary e-mail address No.1:

\_\_\_\_\_

Secondary e-mail address No. 2:

\_\_\_\_\_

I understand that I must keep the clerk's office and the opposing party or parties notified of my current mailing and e-mail address(es) and that all future papers in this lawsuit will be served at the address(es) on record at the clerk's office.

I certify that a copy of this document was [check all used] ( ) e-mailed ( ) mailed ( ) faxed ( ) hand-delivered to the person(s) listed below on {date}\_\_\_\_\_.

**Other party or his/her attorney:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
E-mail Address(es): \_\_\_\_\_

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

\_\_\_\_\_  
Signature of Petitioner  
Printed Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Fax 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} \_\_\_\_\_,  
{street} \_\_\_\_\_,  
{city} \_\_\_\_\_, {state} \_\_\_\_\_, {zip code} \_\_\_\_\_, {telephone number} \_\_\_\_\_

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

**RESPONDENT DESCRIPTION INFORMATION**

**ATTENTION LAW ENFORCEMENT OFFICERS, PLEASE REMOVE THIS SHEET PRIOR TO SERVICE. PLEASE DO NOT GIVE THIS SHEET TO THE RESPONDENT.**

THE FOLLOWING INFORMATION MUST BE AS COMPLETE AS POSSIBLE TO ALLOW THE POLICE TO PUT THE INFORMATION INTO THEIR COMPUTERS.

**SECTION I. RESPONDENTS NAME**

Respondent's Full Name: \_\_\_\_\_

Nickname/Alias: \_\_\_\_\_

**SECTION II: PHYSICAL DESCRIPTION**

Race \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth \_\_\_\_\_

Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_

Other Marks/Scars/Tattoos \_\_\_\_\_

Relationship to Victim \_\_\_\_\_

**SECTION III: RESPONDENT'S ADDRESS**

Current Address: \_\_\_\_\_

Name of Complex: \_\_\_\_\_ Bldg \_\_\_\_\_ Apt# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone No: \_\_\_\_\_ Pager/Cell Phone No: \_\_\_\_\_

Work Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Last Known Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Hangouts \_\_\_\_\_

**SECTION IV: RESPONDENT'S CLOSE RELATIVES**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**SECTION V: LICENSE/VEHICLE INFORMATION**

Does Respondent have a valid Driver's License? ( ) Yes ( ) No State \_\_\_\_\_

**VEHICLE #1:**

Make \_\_\_\_\_ Model \_\_\_\_\_  
Year \_\_\_\_\_ Color \_\_\_\_\_ Tag No. \_\_\_\_\_ State \_\_\_\_\_

**VEHICLE #2:**

Make \_\_\_\_\_ Model \_\_\_\_\_  
Year \_\_\_\_\_ Color \_\_\_\_\_ Tag No. \_\_\_\_\_ State \_\_\_\_\_

**SECTION VI: LETHALITY ASSESSMENT**

Does Respondent have any weapons? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Unknown  
If yes, type of weapon \_\_\_\_\_

Does Respondent have a drug problem? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Unknown

Does Respondent have an alcohol problem? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Unknown

Does Respondent have children in his/her care? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Unknown  
If yes, how many? \_\_\_\_\_

Is the Respondent wanted by Police? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Unknown  
If yes, for what? \_\_\_\_\_

Does Respondent have a criminal record? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Unknown  
If yes, for what? \_\_\_\_\_

Is the Respondent expecting this Order? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Unknown

**PLEASE ATTACH A PHOTOGRAPH OF RESPONDENT IF YOU HAVE ONE**

**ATTENTION LAW ENFORCEMENT OFFICIAL-PLEASE DO NOT GIVE  
THIS INFORMATION TO RESPONDENT**

Petitioner's Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Race \_\_\_\_\_ Sex: Male \_\_\_ Female \_\_\_

Address (*Only if NOT Confidential*) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone Number where Petitioner may be contacted: \_\_\_\_\_

Other ways Petitioner may be contacted:  
\_\_\_\_\_  
\_\_\_\_\_

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**OTHER PROTECTED PERSONS' NAMES & ADDRESSES (*If different from  
Petitioner's and NOT Confidential*)**

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Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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IN THE CIRCUIT COURT OF THE  
SEVENTEENTH JUDICIAL CIRCUIT  
IN AND FOR BROWARD COUNTY,  
FLORIDA

CASE NO. \_\_\_\_\_

\_\_\_\_\_  
Petitioner

vs.

\_\_\_\_\_  
Respondent

**AFFIDAVIT OF THE CLERK**

I hereby certify that pursuant to Administrative Order, No. II-95-F-5, "FAMILY COURT MODIFICATIONS, SUBSEQUENT FILINGS, CONSOLIDATION, REOPENED REPORTING AND FILE STORAGE", the Clerk has conducted a search for all previous existing domestic cases related to these two parties.

Listed below are all the aforementioned related cases:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

BRENDA D. FORMAN, CLERK



by \_\_\_\_\_  
Deputy Clerk

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 SEVENTEENTH JUDICIAL CIRCUIT,  
IN AND FOR BROWARD COUNTY, FLORIDA**

Case No: \_\_\_\_\_

\_\_\_\_\_  
Petitioner

\_\_\_\_\_  
Respondent

**PETITIONER'S WAIVER**

I, \_\_\_\_\_, petitioner, filed a Petition for an Injunction for Protection against Violence.

If I elect **not to pick up copies of the restraining order**, should the same be granted, the same or next business day; I understand that the service packet will be automatically sent out for service upon the respondent to the appropriate Sheriff's Office. I further understand that **copies of the order will be mailed to me** at the address listed within the petition or any address designated by the Petitioner.

I am indicating that I intend to pick up a copy of the judge's decision on my Petition for Injunction for Protection against violence at the location specified below.

Central Courthouse, Fort Lauderdale \_\_\_\_\_

West Satellite, Plantation \_\_\_\_\_

**West Satellite pickup only available if Petition for Injunction was filed at the West Satellite location.**

I have read and understand the above.

\_\_\_\_\_  
Signature of Petitioner

BRENDA D. FORMAN  
CLERK OF THE CIRCUIT COURT

By \_\_\_\_\_  
DEPUTY CLERK

## 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}* \_\_\_\_\_.

IN THE CIRCUIT COURT OF THE SEVENTEENTH JUDICIAL CIRCUIT  
IN AND FOR BROWARD COUNTY FLORIDA

Case Number \_\_\_\_\_  
DV \_\_\_\_\_

\_\_ In Re:

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

\_\_\_\_\_  
Respondent

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**How I Want to Proceed if the Court Does Not Enter  
an Ex Parte Temporary Injunction**

I understand that, after reviewing my ex parte petition for protection (injunction), the court may:

- 1) Issue an ex parte temporary injunction and set the case for hearing with notice to the respondent, OR
- 2) Not issue an ex parte temporary injunction and set the case for hearing with notice to the respondent, OR
- 3) Deny the ex parte temporary injunction and not set the case for hearing

**CHOOSE A OR B**

\_\_\_\_\_ A. If the court **does not** grant me an ex parte temporary injunction for protection against domestic/ repeat/ dating/ stalking/ sexual violence **I WANT** a hearing be set. *I understand that a notice of hearing AND a copy of my petition will be provided to the respondent.*

**OR**

\_\_\_\_\_ B. If the court **does not** grant me an ex parte temporary injunction for protection against domestic/ repeat/ dating/ stalking/ sexual violence **I DO NOT WANT** a hearing scheduled. I understand that I am entitled to a full hearing but I do not believe it is in my best interest to have a hearing. **I DO NOT WANT THE RESPONDENT TO RECEIVE A COPY OF MY PETITION AND A NOTICE OF HEARING. I GIVE UP MY RIGHT TO A FINAL HEARING AND REQUEST THAT THE CASE BE DISMISSED AT THIS TIME.**

I understand that nothing in this form affects my right to amend my petition.

I also understand that my petition and this form will be available to the public as a court record.

\_\_\_\_\_  
SIGNATURE OF PETITIONER

\_\_\_\_\_  
PRINTED NAME OF PETITIONER

\_\_\_\_\_  
DATE

IN THE CIRCUIT COURT OF THE 17<sup>th</sup> JUDICIAL CIRCUIT IN  
AND FOR BROWARD COUNTY, FLORIDA

CASE NO.: \_\_\_\_\_

DIVISION: \_\_\_\_\_

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

And

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

**DISCLAIMERS**

NOTICE OF LIMITATION OF SERVICES PROVIDED

The personnel in this self-help program are not acting as your lawyer or providing legal advice to you.

Self-help personnel are not acting on behalf of the court or any judge. The presiding judge in your case may require amendment of a form or substitution of a different form. The judge is not required to grant the relief requested in a form.

The personnel in this self-help program cannot tell you what your legal rights or remedies are, represent you in court, or tell you how to testify in court.

Self-help services are available to all persons who are or will be parties to a family case.

The information that you give to and receive from self-help personnel is not confidential and may be subject to disclosure at a later date. If another person involved in your case seeks assistance from this self-help program, that person will be given the same type of assistance that you receive.

In all cases, it is best to consult with your own attorney, especially if your case presents significant issues regarding children, child support, alimony, retirement or pension benefits, assets, or liabilities.

\_\_\_ I can read English

\_\_\_ I cannot read English. This notice was read

to me by (Name) \_\_\_\_\_

In (Language) \_\_\_\_\_.

I acknowledge that the disclaimer has been explained to me and that I understand the limitation of the services provided.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_ a member of the self-help staff certify that the pro se litigant has received an explanation of the disclaimer.