

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 DOMESTIC 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. 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's current address is: {street address} _____
{city, state, and zip code} _____
Telephone Number: {area code and number} _____
Physical description of Petitioner:
Race: _____ Sex: Male _____ Female _____ Date of Birth: _____

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's current address is: {street address, city, state, and zip code} _____

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

2. Respondent is: *{Indicate all that apply}*
 - a. _____ the spouse of Petitioner.
Date of Marriage: _____
 - b. _____ the former spouse of Petitioner.
Date of Marriage: _____
Date of Dissolution of Marriage: _____
 - c. _____ related by blood or marriage to Petitioner.
Specify relationship: _____
 - d. _____ a person who is or was living in one home with Petitioner, as if a family.
 - e. _____ a person with whom Petitioner has a child in common, even if Petitioner and Respondent never were married or living together.

3. Petitioner has known Respondent since *{date}* _____

4. Respondent's last known place of employment: _____
Employment address: _____
Working hours: _____

5. Physical description of Respondent:
Race: _____ Sex: Male _____ Female _____ Date of Birth: _____
Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____
Distinguishing marks or scars: _____
Vehicle: (make/model) _____ Color: _____ Tag Number: _____

6. Other names Respondent goes by (aliases or nicknames): _____

7. Respondent's attorney's name, address, and telephone number is: _____

(If you do not know whether Respondent has an attorney, write unknown. If Respondent does not have an attorney, write none.)

SECTION III. CASE HISTORY AND REASON FOR SEEKING PETITION (This section must be completed.)

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

_____.

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

-
-
3. Describe **any other** court case that is either going on now or that happened in the past, including a dissolution of marriage, paternity action, or child support enforcement action, **between Petitioner and Respondent** *{Include city, state, and case number, if known}*: _____
-
4. Petitioner is either a victim of domestic violence or has reasonable cause to believe he or she is in imminent danger of becoming a victim of domestic violence because respondent has: *{Mark all sections that apply and describe in the spaces below the incidents of violence or threats of violence, specifying when and where they occurred, including, but not limited to, locations such as a home, school, place of employment, or time-sharing exchange}*
- a. _____ committed or threatened to commit domestic violence defined in s. 741.28, Florida Statutes, as any assault, aggravated assault, battery, aggravated battery, sexual assault, sexual battery, stalking, aggravated stalking, kidnapping, false imprisonment, or any criminal offense resulting in physical injury or death of one family or household member by another. With the exception of persons who are parents of a child in common, the family or household members must be currently residing or have in the past resided together in the same single dwelling unit.
 - b. _____ previously threatened, harassed, stalked, or physically abused the petitioner.
 - c. _____ attempted to harm the petitioner or family members or individuals closely associated with the petitioner.
 - d. _____ threatened to conceal, kidnap, or harm the petitioner's child or children.
 - e. _____ intentionally injured or killed a family pet.
 - f. _____ used, or has threatened to use, against the petitioner any weapons such as guns or knives.
 - g. _____ physically restrained the petitioner from leaving the home or calling law enforcement.
 - h. _____ a criminal history involving violence or the threat of violence (if known).
 - i. _____ another order of protection issued against him or her previously or from another jurisdiction (if known).
 - j. _____ destroyed personal property, including, but not limited to, telephones or other communication equipment, clothing, or other items belonging to the petitioner.
 - k. _____ engaged in a pattern of abusive, threatening, intimidating, or controlling behavior composed of a series of acts over a period of time, however short.
 - l. _____ engaged in any other behavior or conduct that leads the petitioner to have reasonable cause to believe he or she is in imminent danger of becoming a victim of domestic violence.

b. _____ Petitioner cannot get another safe place to live because: _____

_____.

c. _____ If kept out of the home, Respondent has the money to get other housing or may live without money at {street address} _____,
{city, state, zip code} _____.

2. The home is:

{Choose **one** only}

a. _____ owned or rented by Petitioner and Respondent jointly.

b. _____ solely owned or rented by Petitioner.

c. _____ solely owned or rented by Respondent.

SECTION V. TEMPORARY PARENTING PLAN WITH TEMPORARY TIME-SHARING SCHEDULE FOR MINOR CHILDREN *(Complete this section **only** if you are asking the court to provide a temporary parenting plan, including a temporary time-sharing schedule with regard to, the minor child or children of the parties which might involve prohibiting or limiting time-sharing or requiring that it be supervised by a third party. You must be the natural parent, adoptive parent, or guardian by court order of the minor child or children. If you are asking the court to provide a temporary parenting plan, including a temporary time-sharing schedule with regard to, the minor child or children of the parties which might involve prohibiting or limiting time-sharing or requiring that it be supervised by a third party, you must also complete and file a **Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA) Affidavit**, Florida Supreme Court Approved Family Law Form 12.902(d)).*

Note: If the paternity of the minor children listed below has not been established through either marriage or court order, the Court may deny a request to provide a temporary parenting plan, including a temporary time-sharing schedule with regard to, the minor child or children, and/or a request for child support.

1. Petitioner is the natural parent, adoptive parent, or guardian by court order of the minor children whose name(s) and age(s) are listed below.

Name

Birth date

2. The minor children for whom Petitioner is asking the court to provide a temporary parenting plan, including a temporary time-sharing schedule with regard to:

{Choose **one** only}

a. _____ saw the domestic violence described in this petition happen.

b. _____ were at the place where the domestic violence happened but did not see it.

c. _____ were not there when the domestic violence happened this time but have seen previous acts of domestic violence by Respondent.

d. _____ have not witnessed domestic violence by Respondent.

3. Name **any other** minor children who were there when the domestic violence happened. Include children's name, age, and parents' names. _____
_____.

4. **Temporary Parenting Plan and Temporary Time-Sharing Schedule**

*{Indicate **all** that apply}*

- a. _____ Petitioner requests that the Court provide a temporary parenting plan, including a temporary time-sharing schedule, with regard to the minor child or children of the parties, as follows: _____
_____.
- b. _____ Petitioner requests that the Court order supervised exchange of the minor children or exchange through a responsible person designated by the Court. The following person is suggested as a responsible person for purposes of such exchange. *{Explain}*: _____
_____.
- c. _____ Petitioner requests that the Court limit time-sharing by Respondent with the minor children. *{Explain}*: _____
_____.
- d. _____ Petitioner requests that the Court **prohibit** time-sharing by Respondent with the minor children because Petitioner genuinely fears that Respondent imminently will abuse, remove, or hide the minor children from Petitioner. *{Explain}*: _____
_____.
- e. _____ Petitioner requests that the Court allow only supervised time-sharing by Respondent with the minor children. *{Explain}*: _____

Supervision should be provided by a Family Visitation Center, or other *{specify}*: _____
_____.

SECTION VI. EXCLUSIVE CARE, POSSESSION, OR CONTROL OF FAMILY PET(S) *(Complete this section only if you are seeking exclusive care, possession, or control of an animal owned, possessed, harbored, kept, or held by you (the Petitioner), the Respondent, or a minor child residing in either your residence or household or Respondent's residence or household. The court may order the Respondent to have no contact with the animal and may prohibit the Respondent from taking, transferring, encumbering, concealing, harming, or otherwise disposing of the animal. You may not request to have exclusive care, possession, or control of an animal owned primarily for a bona fide agricultural purpose, as defined in section 193.461, Florida Statutes, or a service animal, as defined in section 413.08, Florida Statutes, if Respondent is the service animal's handler.) {Indicate **all** that apply}.*

- 1. _____ Petitioner requests to have exclusive care, possession, and control of the following animal(s) which are owned, possessed, harbored, kept, or held by Petitioner, Respondent, or a minor child residing in Petitioner's or Respondent's residence or household: _____
_____.
- 2. _____ Petitioner requests that Respondent have no contact with the following animal(s) and be prohibited from taking, transferring, encumbering, concealing, harming, or otherwise disposing of them
_____.

SECTION VII. TEMPORARY SUPPORT *(Complete this section **only** if you are seeking financial support from the Respondent. You must also complete and file a **Family Law Financial Affidavit**, Florida Family Law Rules of*

Procedure Form 12.902(b) or (c), and **Notice of Social Security Number**, Florida Supreme Court Approved Family Law Form 12.902(j), if you are seeking child support. A **Child Support Guidelines Worksheet**, Florida Family Law Rules of Procedure Form 12.902(e), must be filed with the court at or prior to a hearing to establish or modify child support.)

{Indicate **all** that apply}

1. ____ Petitioner claims a need for the money he or she is asking the Court to make Respondent pay, and that Respondent has the ability to pay that money.

2. ____ Petitioner requests that the Court order Respondent to pay the following temporary alimony to Petitioner. (Petitioner must be married to Respondent to ask for temporary alimony.) Temporary Alimony Requested \$ _____ every: week other week month.

3. ____ Petitioner requests that the Court order Respondent to pay the following temporary child support to Petitioner. (The Respondent must be the natural parent, adoptive parent, or guardian by court order of the minor children for the court to order the Respondent to pay child support.) Temporary child support is requested in the amount of \$ _____ every: week other week month.

SECTION VIII. INJUNCTION (This section summarizes what you are asking the Court to include in the injunction. This section must be completed.)

1. Petitioner asks the Court to enter a TEMPORARY INJUNCTION for protection against domestic 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 on injunction prohibiting Respondent from committing any acts of domestic violence against Petitioner **and**:
 - a. prohibiting Respondent from going to or within 500 feet of any place the Petitioner lives;
 - b. prohibiting Respondent from going to or within 500 feet of the Petitioner's place(s) of employment or school; the address of Petitioner's place(s) of employment or school is: _____
_____;
 - c. prohibiting Respondent from contacting Petitioner by mail, by telephone, through another person, or in any other manner;
 - d. prohibiting Respondent from knowingly and intentionally going to or within 100 feet of Petitioner's motor vehicle;
 - e. prohibiting Respondent from defacing or destroying Petitioner's personal property;

{Indicate **all** that apply}

- f. ____ prohibiting Respondent from going to or within 500 feet of the following place(s) Petitioner or Petitioner's minor children must go often {include address}:

_____;
- g. ____ granting Petitioner temporary exclusive use and possession of the home Petitioner and Respondent share;
- h. ____ granting Petitioner on a temporary basis 100% of the time sharing with the parties' minor children;

- i. _____ establishing a temporary parenting plan including a temporary time-sharing schedule for the parties' minor children;
- j. _____ granting Petitioner exclusive care, possession, or control of the animal(s) identified in paragraph 1 of Section VI which are owned, possessed, harbored, kept or held by Petitioner, Respondent, or a minor child residing in Petitioner or Respondent's residence or household;
- k. _____ prohibiting Respondent from having any contact with the animal(s) identified in paragraph 2 of Section VI or from taking, transferring, encumbering, concealing, harming, or otherwise disposing of them;
- l. _____ granting temporary alimony for Petitioner;
- m. _____ granting temporary child support for the minor children;
- n. _____ ordering Respondent to participate in treatment, intervention, and/or counseling services;
- o. _____ referring Petitioner to a certified domestic violence center; and any other terms the Court deems necessary for the protection of Petitioner and/or Petitioner's children, including injunctions or directives to law enforcement agencies, as provided in Section 741.30, Florida Statutes.

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): _____

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: _____

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} _____.

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

Case No.: _____
Division: _____

Petitioner,

and

Respondent.

UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA) AFFIDAVIT

I, {full legal name} _____, being sworn, certify that the following statements are true:

1. The number of minor child(ren) subject to this proceeding is _____. The name, place of birth, birth date, and sex of each child; the present address, periods of residence, and places where each child has lived **within the past five (5) years**; and the name, present address, and relationship to the child of each person with whom the child has lived during that time are:

THE FOLLOWING INFORMATION IS TRUE ABOUT CHILD # 1 :

Child's Full Legal Name: _____
Place of Birth: _____ Date of Birth: _____ Sex: _____

Child's Residence for the past 5 years:

Dates (From/To)	Address (including city and state) where child lived	Name and present address of person child lived with	Relationship to child
____/____ ____/present*			
____/____			
____/____			
____/____			

___/___			
___/___			

*** If you are the petitioner in an injunction for protection against domestic violence case and you have filed a Request for Confidential Filing of Address, Florida Supreme Court Approved Family Law Form 12.980(h), you should write confidential in any space on this form that would require you to enter the address where you are currently living.**

THE FOLLOWING INFORMATION IS TRUE ABOUT CHILD # ___:

Child's Full Legal Name: _____
 Place of Birth: _____ Date of Birth: _____ Sex: _____

Child's Residence for the past 5 years:

Dates (From/To)	Address (including city and state) where child lived	Name and present address of person child lived with	Relationship to child
___/present			
___/___			
___/___			
___/___			
___/___			
___/___			

THE FOLLOWING INFORMATION IS TRUE ABOUT CHILD # ___:

Child's Full Legal Name: _____
 Place of Birth: _____ Date of Birth: _____ Sex: _____

Child's Residence for the past 5 years:

Dates (From/To)	Address (including city and state) where child lived	Name and present address of person child lived with	Relationship to child
___/present			

___/___			
___/___			
___/___			
___/___			
___/___			

2. Participation in custody or time-sharing proceeding(s):

[Choose only one]

_____ I HAVE NOT participated as a party, witness, or in any capacity in any other litigation or custody proceeding in this or any other state, jurisdiction, or country, concerning parental responsibility for, custody of, or time-sharing or visitation with a child subject to this proceeding.

_____ I HAVE participated as a party, witness, or in any capacity in any other litigation or custody proceeding in this or another state, jurisdiction, or country, concerning parental responsibility for, custody of, or time-sharing or visitation with a child subject to this proceeding.

Explain:

- a. Name of each child: _____
- b. Type of proceeding: _____
- c. Court and state: _____
- d. Date of court order or judgment (if any): _____

3. Information about custody or time-sharing proceeding(s):

[Choose only one]

_____ I HAVE NO INFORMATION of any parental responsibility, custody, time-sharing, or visitation proceeding pending in a court of this or any other state, jurisdiction, or country concerning a child subject to this proceeding.

_____ I HAVE THE FOLLOWING INFORMATION concerning a parental responsibility, custody, time-sharing, or visitation proceeding pending in a court of this or another state concerning a child subject to this proceeding, other than set out in item 2. *Explain:*

- a. Name of each child involved in said litigation: _____
- b. Type of proceeding: _____
- c. Court and state: _____
- d. Date of court order or judgment (if any): _____
- e. Case Number: _____

4. **Persons not a party to this proceeding:**

[Choose only one]

_____ I DO NOT KNOW OF ANY PERSON in this or any other state, jurisdiction, or country, who is not a party to this proceeding and who has physical custody or claims to have parental responsibility for, custody of, or time-sharing or visitation with respect to any child subject to this proceeding.

_____ I KNOW THAT THE FOLLOWING NAMED PERSON(S), not a party to this proceeding, has (have) physical custody or claim(s) to have parental responsibility for, custody of, or time-sharing or visitation with respect to any child subject to this proceeding:

a. Name and address of person: _____

_____ has physical custody
_____ claims parental responsibility or custody rights
_____ claims time-sharing or visitation

Name of each child: _____

Relationship to child, if any: _____

b. Name and address of person: _____

_____ has physical custody
_____ claims parental responsibility or custody rights
_____ claims time-sharing or visitation

Name of each child: _____

Relationship to child, if any: _____

c. Name and address of person: _____

_____ has physical custody
_____ claims parental responsibility or custody rights
_____ claims time-sharing or visitation

Name of each child: _____

Relationship to child, if any: _____

5. **Knowledge of prior child support proceedings:**

[Choose only one]

_____ The child(ren) described in this affidavit are NOT subject to existing child support order(s) in this or any other state, jurisdiction, or country..

_____ The child(ren) described in this affidavit are subject to the following existing child support order(s):

a. Name of each child: _____

b. Type of proceeding: _____

c. Court and address: _____

d. Date of court order/judgment (if any): _____

e. Amount of child support ordered to be paid and by whom: _____

6. I acknowledge that I have a continuing duty to advise this Court of any parental responsibility, custody, time-sharing or visitation , child support, or guardianship proceeding (including dissolution of marriage, separate maintenance, child neglect, or dependency) concerning the child(ren) in this state or any other state about which information is obtained during this proceeding.

7. A completed Notice of **Confidential Information within Court Filing**, Florida Rules of Judicial Administration Appendix to Rule 2.420 Form, is filed with this Affidavit.

I certify that a copy of this document was () e-served () mailed () faxed and mailed () hand delivered to the person(s) listed below on {date} _____.

Other party or his/her attorney:

Name: _____
Address: _____
City, State, Zip: _____
Fax Number: _____
Designated E-mail Address(es): _____

I understand that I am swearing or affirming under oath to the truthfulness of the claims made in this affidavit and that the punishment for knowingly making a false statement includes fines and/or imprisonment.

Dated: _____

Signature of Party
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 signed before me on _____ by _____.

NOTARY PUBLIC or DEPUTY CLERK

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

Case No.: _____
Division: _____

Petitioner,

and

Respondent.

NOTICE OF SOCIAL SECURITY NUMBER

I, *{full legal name}* _____, certify that my social security number is _____, as required by the applicable section of the Florida Statutes. My date of birth is _____.

[Choose one only]

- _____ 1. This notice is being filed in a dissolution of marriage case in which the parties have **no** minor or dependent child(ren) in common.
- _____ 2. This notice is being filed in a paternity or child support case, or in a dissolution of marriage in which the parties have minor or dependent children in common. The minor or dependent child(ren)'s name(s), date(s) of birth, and social security number(s) is/are:

Name	Birth date	Social Security Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

{Attach additional pages if necessary.}

Disclosure of social security numbers shall be limited to the purpose of administration of the Title IV-D program for child support enforcement.

I understand that I am swearing or affirming under oath to the truthfulness of the claims made in this notice and that the punishment for knowingly making a false statement includes fines and/or imprisonment.

Dated: _____

Signature of Party
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 signed before me on by _____.

Date: _____

NOTARY PUBLIC or DEPUTY CLERK

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

___ Personally known
___ Produced identification
Type of identification produced

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} _____

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:

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

Name _____
Date of Birth _____ Race _____ Sex _____

Address _____
City _____ State _____ Zip _____

Name _____
Date of Birth _____ Race _____ Sex _____

Address _____
City _____ State _____ Zip _____

Name _____
Date of Birth _____ Race _____ Sex _____

Address _____
City _____ State _____ Zip _____

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) ___ Other Family Court
- (M) ___ Adoption Arising Out Of Chapter 63
- (N) ___ Name Change

- (O) ___ Paternity/Disestablishment of Paternity
- (P) ___ Juvenile Delinquency
- (Q) ___ Petition for Dependency
- (R) ___ Shelter Petition
- (S) ___ Termination of Parental Rights Arising Out Of Chapter 39
- (T) ___ Adoption Arising Out Of Chapter 39
- (U) ___ CINS/FINS
- (V) ___ Petition for Temporary or Concurrent Custody by Extended Family
- (W) ___ 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 _____ JUDICIAL CIRCUIT,
IN AND FOR _____ COUNTY, FLORIDA

Case No.: _____

Division: _____

_____,
Petitioner,

and

_____,
Respondent.

FAMILY LAW FINANCIAL AFFIDAVIT (SHORT FORM)

(Under \$50,000 Individual Gross Annual Income)

I, {full legal name} _____, being sworn, certify that the following information is true:

My Occupation: _____ Employed by: _____

Business Address: _____

Pay rate: \$ _____ () every week () every other week () twice a month () monthly () other: _____

___ Check here if unemployed and explain on a separate sheet your efforts to find employment.

SECTION I. PRESENT MONTHLY GROSS INCOME:

All amounts must be MONTHLY. See the instructions with this form to figure out money amounts for anything that is NOT paid monthly. Attach more paper, if needed. Items included under "other" should be listed separately with separate dollar amounts.

1. \$ _____ Monthly gross salary or wages
2. _____ Monthly bonuses, commissions, allowances, overtime, tips, and similar payments
3. _____ Monthly business income from sources such as self-employment, partnerships, close corporations, and/or independent contracts (gross receipts minus ordinary and necessary expenses required to produce income) (Attach sheet itemizing such income and expenses.)
4. _____ Monthly disability benefits/SSI
5. _____ Monthly Workers' Compensation
6. _____ Monthly Unemployment Compensation
7. _____ Monthly pension, retirement, or annuity payments
8. _____ Monthly Social Security benefits
9. _____ Monthly alimony actually received (Add 9a and 9b)
 - 9a. From this case: \$ _____
 - 9b. From other case(s): \$ _____

10. _____ Monthly interest and dividends
11. _____ Monthly rental income (gross receipts minus ordinary and necessary expenses required to produce income) (Attach sheet itemizing such income and expense items.)
12. _____ Monthly income from royalties, trusts, or estates
13. _____ Monthly reimbursed expenses and in-kind payments to the extent that they reduce personal living expenses
14. _____ Monthly gains derived from dealing in property (not including nonrecurring gains)
15. _____ Any other income of a recurring nature (list source) _____
16. _____
17. \$ _____ **TOTAL PRESENT MONTHLY GROSS INCOME** (Add lines 1–16)

PRESENT MONTHLY DEDUCTIONS:

18. \$ _____ Monthly federal, state, and local income tax (corrected for filing status and allowable dependents and income tax liabilities)
 - a. Filing Status _____
 - b. Number of dependents claimed _____
19. _____ Monthly FICA or self-employment taxes
20. _____ Monthly Medicare payments
21. _____ Monthly mandatory union dues
22. _____ Monthly mandatory retirement payments
23. _____ Monthly health insurance payments (including dental insurance), excluding portion paid for any minor children of this relationship
24. _____ Monthly court-ordered child support actually paid for children from another relationship
25. _____ Monthly court-ordered alimony actually paid (Add 25a and 25b)
 - 25a. from this case: \$ _____
 - 25b. from other case(s): \$ _____
26. \$ _____ **TOTAL DEDUCTIONS ALLOWABLE UNDER SECTION 61.30, FLORIDA STATUTES**
(Add lines 18 through 25)
27. \$ _____ **PRESENT NET MONTHLY INCOME** (Subtract line 26 from line 17)

SECTION II. AVERAGE MONTHLY EXPENSES

Proposed/Estimated Expenses. If this is a dissolution of marriage case **and** your expenses as listed below do not reflect what you actually pay currently, you should write "estimate" next to each amount that is estimated.

A. HOUSEHOLD:

Mortgage or rent \$ _____
 Property taxes \$ _____
 Utilities \$ _____
 Telephone \$ _____
 Food \$ _____
 Meals outside home \$ _____
 Maintenance/Repairs \$ _____
 Other: _____ \$ _____

B. AUTOMOBILE

Gasoline \$ _____
 Repairs \$ _____
 Insurance \$ _____

C. CHILD(REN)'S EXPENSES

Day care \$ _____
 Lunch money \$ _____
 Clothing \$ _____
 Grooming \$ _____
 Gifts for holidays \$ _____
 Medical/Dental (uninsured) \$ _____
 Other: _____ \$ _____

D. INSURANCE

Medical/Dental (if not listed on lines 23 or 45) \$ _____
 Child(ren)'s medical/dental \$ _____
 Life \$ _____
 Other: _____ \$ _____

E. OTHER EXPENSES NOT LISTED ABOVE

Clothing \$ _____
 Medical/Dental (uninsured) \$ _____
 Grooming \$ _____
 Entertainment \$ _____
 Gifts \$ _____
 Religious organizations \$ _____
 Miscellaneous \$ _____
 Other: _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____

F. PAYMENTS TO CREDITORS

CREDITOR:	MONTHLY PAYMENT
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

28. \$ _____ **TOTAL MONTHLY EXPENSES** (add **ALL** monthly amounts in A through F above)

SUMMARY

29. \$ _____ **TOTAL PRESENT MONTHLY NET INCOME** (from line 27 of SECTION I. INCOME)

30. \$ _____ **TOTAL MONTHLY EXPENSES** (from line 28 above)

31. \$ _____ **SURPLUS** (If line 29 is more than line 30, subtract line 30 from line 29. This is the amount of your surplus. Enter that amount here.)

32. (\$ _____) **(DEFICIT)** (If line 30 is more than line 29, subtract line 29 from line 30. This is the amount of your deficit. Enter that amount here.)

SECTION III. ASSETS AND LIABILITIES

Use the nonmarital column only if this is a petition for dissolution of marriage and you believe an item is “nonmarital,” meaning it belongs to only one of you and should not be divided. You should indicate to whom you believe the item(s) or debt belongs. (Typically, you will only use this column if property/debt was owned/owed by one spouse before the marriage. See the “General Information for Self-Represented Litigants” found at the beginning of these forms and section 61.075(1), Florida Statutes, for definitions of “marital” and “nonmarital” assets and liabilities.)

A. ASSETS:

DESCRIPTION OF ITEM(S). List a description of each separate item owned by you (and/or your spouse, if this is a petition for dissolution of marriage). LIST ONLY LAST 4 DIGITS OF ACCOUNT NUMBERS. Check the line next to any asset(s) which you are requesting the judge award to you.	Current Fair Market Value	Nonmarital (check correct column)	
		Petitioner	Respondent
Cash (on hand)	\$		
Cash (in banks or credit unions)			
Stocks, Bonds, Notes			
Real estate: (Home)			
(Other)			
Automobiles			
Other personal property			
Retirement plans (Profit Sharing, Pension, IRA, 401(k)s, etc.)			
Other			
_____ Check here if additional pages are attached.			
Total Assets (add next column)	\$		

B. LIABILITIES:

DESCRIPTION OF ITEM(S). List a description of each separate debt owed by you (and/or your spouse, if this is a petition for dissolution of marriage). LIST ONLY LAST 4 DIGITS OF ACCOUNT NUMBERS. Check the line next to any debt(s) for which you believe you should be responsible.		Current Amount Owed	Nonmarital (check correct column)	
			Petitioner	Respondent
<input type="checkbox"/>	Mortgages on real estate: First mortgage on home	\$		
<input type="checkbox"/>	Second mortgage on home			
<input type="checkbox"/>	Other mortgages			
<input type="checkbox"/>				
<input type="checkbox"/>	Auto loans			
<input type="checkbox"/>				
<input type="checkbox"/>	Charge/credit card accounts			
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>	Other			
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>	Check here if additional pages are attached.			
Total Debts (add next column)		\$		

C. CONTINGENT ASSETS AND LIABILITIES:

INSTRUCTIONS: If you have any **POSSIBLE assets** (income potential, accrued vacation or sick leave, bonus, inheritance, etc.) or **POSSIBLE liabilities** (possible lawsuits, future unpaid taxes, contingent tax liabilities, debts assumed by another), you must list them here.

Contingent Assets		Possible Value	Nonmarital (check correct column)	
Check the line next to any contingent asset(s) which you are requesting the judge award to you.			Petitioner	Respondent
<input type="checkbox"/>		\$		
<input type="checkbox"/>				
Total Contingent Assets		\$		

Contingent Liabilities		Possible Amount Owed	Nonmarital (check correct column)	
Check the line next to any contingent debt(s) for which you believe you should be responsible.			Petitioner	Respondent
<input type="checkbox"/>		\$		
<input type="checkbox"/>				
Total Contingent Liabilities		\$		

SECTION IV. CHILD SUPPORT GUIDELINES WORKSHEET

(Florida Family Law Rules of Procedure Form 12.902(e), Child Support Guidelines Worksheet, MUST be filed with the court at or prior to a hearing to establish or modify child support. This requirement cannot be waived by the parties.)

[Check **one** only]

_____ **A Child Support Guidelines Worksheet IS or WILL BE filed in this case.** This case involves the establishment or modification of child support.

_____ **A Child Support Guidelines Worksheet IS NOT being filed in this case.** The establishment or modification of child support is not an issue in this case.

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): _____

Under penalties of perjury, I declare that I have read this document and the facts stated in it are true.

Dated: _____

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

{address} _____

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



Send to DCF YES _____ NO _____

Judge _____

Date _____ Case _____

**FLORIDA ABUSE HOTLINE Fax Transmittal Form
To Report Abuse/Abandonment/Neglect/Exploitation
Fax Number: 1-800-914-0004**

*Please do not fax multiple allegations of abuse or neglect for multiple families at a time. By submitting them **one** at a time, they will likely get processed **faster**.*

REPORTER INFORMATION

This information is required for mandatory reporters. Refer to Chapters 39 and 415, Florida Statutes.

Number of Pages _____

DOMESTIC VIOLENCE DIVISION

Today's Date: _____

Your Last Name: _____ Your First Name: _____ MI: _____

Your Occupation: Deputy Clerk Your Agency: Broward County Clerk of Court Fax #: (954) 831-6025 Phone #: (954) 831-

Address: Street # 201 Street Name: S.E. 6th Street City: Fort Lauderdale Zip Code: 33301 County: Broward State: FL

VICTIM INFORMATION

If the victim is a child, list other children in the home. If the victim is an adult, describe disability and how he/she is impaired in the ability to care for or protect self in the DESCRIPTION OF INCIDENT section on page 2.

ADDRESS where the victim is currently located:

Street # _____ Street Name: _____ City: _____ Zip Code: _____ County: _____ State: _____

Home Telephone Number: _____ Work Telephone Number: _____

LAST NAME	FIRST NAME	DOB	SEX	RACE	SSN	IS THIS PERSON A VICTIM?
(1)						<input type="checkbox"/> Yes <input type="checkbox"/> No
(2)						<input type="checkbox"/> Yes <input type="checkbox"/> No
(3)						<input type="checkbox"/> Yes <input type="checkbox"/> No
(4)						<input type="checkbox"/> Yes <input type="checkbox"/> No
(5)						<input type="checkbox"/> Yes <input type="checkbox"/> No

PERSON(S) RESPONSIBLE FOR ALLEGED ABUSE, NEGLECT, ABANDONMENT OR EXPLOITATION

NAME	DOB	SEX	RACE	SSN	RELATIONSHIP TO VICTIM
(1)					
(2)					
(3)					

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

Case Number _____
DV _____

__ In Re:

Petitioner,
and

Respondent

**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 17th 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.