

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 REPEAT 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}* _____

{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.")

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, repeat violence, dating violence, or sexual violence against Respondent in this or any other court?
_____ Yes _____ No If yes, what happened in that case? *{include case number, if known}*

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

_____.
3. 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}*: _____

_____.
4. Respondent has directed at least two incidents 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 member of Petitioner's immediate family. One of these two incidents of violence has occurred within 6 months of the date of filing of this petition. The most recent 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.

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

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

Respondent _____

_____.

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

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

_____.

7. **Additional Information**

{Choose all that apply}

a. _____ Respondent owns, has, and/or is known to have guns or other weapons.

Describe weapon(s): _____

b. _____ This or prior acts of repeat violence have been previously reported to: *{person or agency}*

_____.

SECTION IV. INJUNCTION (This section must be completed.)

1. _____ Petitioner asks the Court to enter a TEMPORARY INJUNCTION for protection against repeat violence that will be in place from now until the scheduled hearing in this matter.

2. _____ Petitioner asks the Court to enter, after a hearing has been held on this petition, a final judgment of injunction prohibiting Respondent from committing any acts of violence against Petitioner **and**:

a. prohibiting Respondent from going to or within 500 feet of any place Petitioner lives;

b. prohibiting Respondent from going to or within 500 feet of Petitioner's place(s) of employment or the school that Petitioner attends; the address of Petitioner's place(s) of employment and/or school is: _____

_____;

c. prohibiting Respondent from contacting Petitioner by telephone, mail, by e-mail, in writing, through another person, or in any other manner;

d. ordering Respondent not to use or possess any guns or firearms;

{Indicate all that apply}

e. _____ prohibiting Respondent from going to or within 500 feet of the following place(s) Petitioner or Petitioner's immediate family must go to often: _____

_____.

f. _____prohibiting Respondent from knowingly and intentionally going to or within 100 feet of Petitioner’s motor vehicle; and any other terms the Court deems necessary for the safety of Petitioner and Petitioner’s immediate family.

I UNDERSTAND THAT BY FILING THIS PETITION, I AM ASKING THE COURT TO HOLD A HEARING ON THIS PETITION, THAT BOTH THE RESPONDENT AND I WILL BE NOTIFIED OF THE HEARING, AND THAT I MUST APPEAR AT THE HEARING. I UNDERSTAND THAT IF EITHER RESPONDENT OR I FAIL TO APPEAR AT THE FINAL HEARING, WE WILL BE BOUND BY THE TERMS OF ANY INJUNCTION OR ORDER ISSUED AT THAT HEARING.

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

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 Modification/Enforcement/Contempt Proceedings
 Juvenile Dependency Juvenile Delinquency
 Termination of Parental Rights Criminal
 Domestic/Sexual/Dating/Repeat
Violence or Stalking Injunctions 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: _____

Related Case No. 3

Case Name(s): _____

Petitioner _____

Respondent _____

Case No.: _____ Division: _____

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

- | | |
|--|--|
| <input type="checkbox"/> Dissolution of Marriage | <input type="checkbox"/> Paternity |
| <input type="checkbox"/> Custody | <input type="checkbox"/> Adoption |
| <input type="checkbox"/> Child Support | <input type="checkbox"/> Modification/Enforcement/Contempt Proceedings |
| <input type="checkbox"/> Juvenile Dependency | <input type="checkbox"/> Juvenile Delinquency |
| <input type="checkbox"/> Termination of Parental Rights | <input type="checkbox"/> Criminal |
| <input type="checkbox"/> Domestic/Sexual/Dating/Repeat
Violence or Stalking Injunctions | <input type="checkbox"/> Mental Health |
| | <input type="checkbox"/> 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 cases
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:

**OTHER PROTECTED PERSON'S 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 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.