

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

Petitioner,

Case No.: _____

and

Division: _____

Respondent.

PETITION FOR INJUNCTION FOR PROTECTION AGAINST SEXUAL VIOLENCE

I, *{full legal name}* _____ declare under penalties of perjury, that the following statements are true:

SECTION I. PETITIONER

(This section is about you. It must be completed; however, **if you fear that disclosing your address to the respondent would put you in danger**, you should complete and file a Request for Confidential Filing of Address, Florida Supreme Court Approved Family Law Form 12.980(h), and write "confidential" in the space provided on this form for your address.)

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

Date of Birth of Petitioner: _____

{Indicate if applicable}

_____ **Petitioner seeks an injunction for protection on behalf of a minor child.**

Petitioner is the parent or legal guardian of *{full legal name}* _____,
a minor child who is living at home.

2. Petitioner's attorney's name, address, and telephone number is: _____

(If you do not have an attorney, write "none.")

SECTION II. RESPONDENT

(This section is about the person you want to be protected from. It must be completed.)

1. Respondent currently lives at the following address: *{address, city, state, and zip code}* _____

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

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

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

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

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

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

6. If Respondent is a minor, the address of Respondent's parent or legal guardian is: _____

SECTION III. CASE HISTORY AND REASON FOR SEEKING PETITION

(This section must be completed.)

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

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

{Indicate all that apply}

- a. _____ Petitioner reported the sexual violence to law enforcement and is cooperating in any criminal proceeding. The incident report number by law enforcement is: _____. *{If there is a criminal case, include case number, if known}* _____.

- b. _____ Respondent was sent to prison for committing sexual violence against Petitioner or Petitioner's minor child living at home and Respondent is out of prison or is getting out of prison within 90 days. The notice of inmate release is attached.

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

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

4. Describe any other court case that is either going on now or that happened in the past between Petitioner and Respondent *{Include case number, if known}*: _____

5. **Additional Information**
*{Indicate **all** that apply}*
 - a. Respondent owns, has, and/or is known to have guns or other weapons.
 Describe weapon(s): _____

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

SECTION IV. INJUNCTION

(This section must be completed.)

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

2. Petitioner asks the Court to enter an injunction prohibiting Respondent from committing any acts of violence against Petitioner and:
 - a. prohibiting Respondent from going to or within 500 feet of any place Petitioner lives;
 - b. prohibiting Respondent from going to or within 500 feet of Petitioner’s place(s) of employment or the school that Petitioner attends; the address of Petitioner’s place(s) of employment and/or school is: _____
 _____;
 - c. prohibiting Respondent from contacting Petitioner by telephone, mail, by e-mail, in writing, through another person, or in any other manner;
 - d. ordering Respondent not to use or possess any guns or firearms;

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

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

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

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

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE. I UNDERSTAND THAT THE STATEMENTS MADE IN THIS PETITION ARE BEING MADE UNDER PENALTIES OF PERJURY, PUNISHABLE AS PROVIDED IN SECTION 92.525, FLORIDA STATUTES.

Dated: _____

Signature of Petitioner

Printed Name: _____

{Do not write your address if you are filing or have filed a Request for Confidential Filing of Address, Form 12.980(h).}

Address: _____

City, State, Zip: _____

Telephone Number: _____

Designated E-Mail Address(es): _____

IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW:

[fill in **all** blanks] This form was prepared for the: {choose only **one**} () Petitioner () Respondent

This form was completed with the assistance of:

{name of individual} _____

{name of business or individual} _____

{address} _____

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

{email address} _____

COVER SHEET FOR FAMILY COURT CASES

I. Case Style

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

Case No.: _____

Judge: _____

Petitioner,

and

Respondent.

II. Type of Action/Proceeding. Place a check beside the proceeding you are initiating. If you are filing more than one type of proceeding (such as a modification and an enforcement proceeding) against the same party at the same time, then you must complete a separate cover sheet for each action being filed. **If you are reopening a case, choose one of the three options below it.**

- (A) ___ Initial Action/Petition
- (B) ___ Reopening Case
 - 1. ___ Modification/Supplemental Petition
 - 2. ___ Motion for Civil Contempt/Enforcement
 - 3. ___ Other

III. Type of Case. If the case fits more than one type of case, select the most definitive.

- (A) ___ Simplified Dissolution of Marriage
- (B) ___ Dissolution of Marriage
- (C) ___ Domestic Violence
- (D) ___ Dating Violence
- (E) ___ Repeat Violence
- (F) ___ Sexual Violence
- (G) ___ Stalking
- (H) ___ Support IV-D (Department of Revenue, Child Support Enforcement)
- (I) ___ Support Non-IV-D (**not** Department of Revenue, Child Support Enforcement)
- (J) ___ UIFSA IV-D (Department of Revenue, Child Support Enforcement)
- (K) ___ UIFSA Non-IV-D (**not** Department of Revenue, Child Support Enforcement)
- (L) ___ Support for Dependent Adult Children – all matters related to support of a dependent adult child.
- (M) ___ Other Family Court
- (N) ___ Adoption Arising Out Of Chapter 63

- (O) ___ Name Change
- (P) ___ Paternity/Disestablishment of Paternity
- (Q) ___ Juvenile Delinquency
- (R) ___ Petition for Dependency
- (S) ___ Shelter Petition
- (T) ___ Termination of Parental Rights Arising Out Of Chapter 39
- (U) ___ Adoption Arising Out Of Chapter 39
- (V) ___ CINS/FINS
- (W) ___ Petition for Temporary or Concurrent Custody by Extended Family
- (X) ___ Emancipation of a Minor

IV. Rule of General Practice and Judicial Administration 2.545(d) requires that a Notice of Related Cases Form, Family Law Form 12.900(h), be filed with the initial pleading/petition by the filing attorney or self-represented litigant in order to notify the court of related cases. Is Form 12.900(h) being filed with this Cover Sheet for Family Court Cases and initial pleading/petition?

- ___ No, to the best of my knowledge, no related cases exist.
- ___ Yes, all related cases are listed on Family Law Form 12.900(h).

ATTORNEY OR PARTY SIGNATURE

I CERTIFY that the information I have provided in this cover sheet is accurate to the best of my knowledge and belief.

Signature _____ FL Bar No.: _____
 Attorney or party (Bar number, if attorney)

 (Type or print name) (E-mail Address(es))

 Date

IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW: [fill in all blanks]

This form was prepared for the: *{choose only one}* ___ Petitioner ___ Respondent

This form was completed with the assistance of:

{name of individual} _____

{name of business} _____

{address} _____

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

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} _____

PLEASE COMPLETE THIS FORM ENTIRELY, as it is used by Law Enforcement for serving the respondent and to notify filer for additional information if needed.

Respondent's Information	Respondent's Name		Alias or Nicknames:		
	<input type="checkbox"/> Male <input type="checkbox"/> Female	DOB:	Approx. Age:	Language:	
	Driver's License #		Contact Phone #		
	List Social Media account(s): <input type="checkbox"/> Facebook Username: _____				
	<input type="checkbox"/> Instagram Username: _____ <input type="checkbox"/> Snapchat Username: _____				
	<input type="checkbox"/> Other: _____ Username: _____				
	Home Address			Apt #	
	City, State and Zip		Name of Subdivision		
	Place of Employment			Work #	
	Street Address		Suite#		
City, State and Zip			Location: <input type="checkbox"/> Office <input type="checkbox"/> Field		
In Custody: <input type="checkbox"/> Yes <input type="checkbox"/> No	Relation: <input type="checkbox"/> Spouse <input type="checkbox"/> Parent of Child <input type="checkbox"/> Step Parent <input type="checkbox"/> Other:				
Physical Description	Race:	Height:	Weight:		
	Hair Color	Eye Color	Tattoo(s): <input type="checkbox"/> No <input type="checkbox"/> Yes, If yes, give brief description & location of Tattoo(s):		
Respondent's Vehicle Description	Year:	Make:	Model		
	Color		Tag #		
Additional Information:	List any dog(s), weapon(s), criminal history, drug/alcohol abuse about respondent:				
	If respondent cannot be located at home or place of employment, please provide additional location(s) for service such as: relatives, friends or hangout: Location address:				
Petitioner's Information	Petitioner's Name		DOB:		
	Primary Phone #		Cell #		
	Physical Address:				
	Work Address:		Work #		
	Secondary Contact Name:		Phone #		
Interpreter	If English is not yours or Respondent's preferred language what language do you speak? _____ Is an interpreter needed? <input type="checkbox"/> YES or <input type="checkbox"/> NO If so, for whom? <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent				
To my knowledge, I have supplied all pertinent information contained in this document. I understand that this information will be provided to the service law enforcement agency to assist with personal service upon the respondent.					
Signature:			Dated:		

Petitioner

and

Case No. _____

Respondent

Petitioner's Waiver or Non-Waiver of Return Hearing

I, _____ the Petitioner in this case, have filed a Petition for Protection Against Domestic Violence Dating Violence Repeat Violence Stalking Violence or Sexual Violence. I understand that, after reviewing the Petition, the court will do one of the following:

- a. Issue a temporary injunction and set the case for hearing with notice to the Respondent.
- or*
- b. Not issue a temporary injunction and set the case for hearing only with notice to the Respondent
- or*
- c. Deny the temporary injunction and not set the case for hearing

Petitioner please initial either Paragraph A or B below:

_____ A. If the court does not issue a temporary injunction for protection, I request that a hearing be set. I understand that notice of the hearing and copy of the Petition for Injunction will be provided to the Respondent.

_____ B. If the court does not issue a temporary injunction for protection, I do NOT want a hearing to be scheduled. I do NOT want the Respondent to be served with a notice of hearing or a copy of the Petition for Injunction without a temporary injunction for protection in place. I waive my right under F.S. 741.30(5) (b) to have this case set for hearing. I further understand that nothing in this form affects my right to amend my petition. I have signed this waiver freely and voluntarily.

Petitioner
Date: _____

IN THE CIRCUIT COURT OF THE TWENTIETH JUDICIAL CIRCUIT IN AND FOR
LEE COUNTY, FLORIDA

Out of County Service Information

Case number: _____

The Respondent, _____, in my case can be personally served the Injunction for Protection in another County (other than Lee County, Florida) or can be personally served in another State. The following information is being provided to the Courts so that the Injunction for Protection service packet can be forwarded to the serving agency and service can be completed upon the Respondent:

(Name of the Sheriff's Office or Police Department)

ATTN: _____

(Mailing Address for service packet to be sent to)

(City) (State) (Zip Code)

() - _____

(Telephone Number including the area code)

If Law Enforcement Agency accepts service packets by email or fax please provide information below:

Email address: _____

Fax #: () _____

The service fees:

Fee required list amount \$ _____

Check provided to clerk (Check # _____)

OR

Will provide check if Temporary Order Injunction is Granted

No fee required for service

I understand if locations for respondent to be served has changed it is my responsibility to provide written notification to the courts of any changes.

I also understand that I am responsible for providing written information to the courts on where the service packet shall be sent based upon a change of address that is located outside of Lee County, Florida, so that service may be completed upon the Respondent.

To the best of my knowledge the serving agency listed above is the proper agency to complete personal service upon the Respondent.

Dated: _____ Signature: _____