

Exploitation of Vulnerable Adult Injunction

Instructions for Petition for Injunction for Protection Against Exploitation of a Vulnerable Adult

If you are a person 18 years of age or older whose ability to perform the normal activities of daily living or to provide for his or her own care or protection is impaired due to a mental, emotional, sensory, long-term physical, or developmental disability or dysfunction, or brain damage, or the infirmities of aging, and you find yourself either in imminent danger of becoming or find yourself to be a victim of exploitation, you can use this form to ask the court for a protective order to protect you and your assets. Because you are making a request to the court, you are called the **petitioner**. The person whom you are asking the court to protect you from is called the **respondent**. In determining whether you have reasonable cause to believe you are in imminent danger of becoming or have become a victim of exploitation, the court must consider all relevant factors alleged in the petition, including but not limited to the following:

1. The association between the petitioner and the respondent.
2. If there is an active Guardianship case.
3. Any reports made to a government agency relating to the abuse, neglect, or exploitation of the vulnerable adult; and the results of any such reports or investigations.
4. The vulnerable adult's dependence on the respondent for care; and any alternative provisions for the vulnerable adult's care in the absence of the respondent.
5. The list of any assets, account, or lines of credit at a financial institution that are requesting to be frozen.

This form should be typed or printed in black ink. You should complete this form (giving as much detail as possible) and sign it in front of a **notary public** or the **clerk of the circuit court** in the county where you live. The clerk will take your completed petition to a judge. The clerk will provide you with a copy for your records. If you need assistance or have any questions, the intake clerk will help you.

What should I do if the judge grants my petition?

If the facts contained in your petition convince the judge that you are a victim of exploitation, the judge will sign an immediate Temporary Injunction for Protection Against Exploitation of a Vulnerable Adult. A temporary injunction is issued without notice to the respondent. The clerk will give your petition, the temporary injunction, and any other papers filed with your petition to the sheriff or other law enforcement officer for personal service on the respondent. The sheriff or other law enforcement officer will also receive copies of the Order for service on any financial institutions that require the freezing of your assets. The Temporary Order will last until a full hearing can be held or for a period of 15 days, whichever comes first. The court may extend the temporary injunction beyond 15 days for good reason, which may include failure to obtain service on the respondent.

The temporary injunction is issued ex parte. This means that the judge has considered only the information presented by one side—YOU. The temporary injunction gives a date that you must appear in court for a hearing. At that hearing, you will be expected to testify about the facts in your petition. The respondent will also be given the opportunity to testify at this hearing. At the hearing, the judge will decide whether to issue a Final Judgment of Injunction for Protection Against Exploitation of a Vulnerable Adult. The Order will remain in effect for a specific time period or until modified or dissolved

Exploitation of Vulnerable Adult Injunction

by the court. If either you or the respondent do not appear at the final hearing, the temporary injunction may be continued in force, extended, or dismissed, and/or additional orders may be granted, including but not limited to, entry of a permanent injunction and the imposition of court costs. You and the respondent will be bound by the terms of any injunction issued at the final hearing.

IF EITHER YOU OR THE RESPONDENT DO NOT APPEAR AT THE FINAL HEARING, YOU WILL BOTH BE BOUND BY THE TERMS OF ANY INJUNCTION ISSUED IN THIS MATTER.

If the judge signs a temporary or final order for injunction, the clerk will provide you with the necessary copies, and both orders are valid and enforceable in all counties of the State of Florida.

What can I do if the judge denies my petition?

If your petition is denied solely on the grounds that it appears to the court that no imminent danger exists, the court will set a full hearing, at the earliest possible time, on your petition, unless you request that no hearing be set. The respondent will be notified by personal service of your petition and the hearing. If your petition is denied, you may attempt to amend your petition under current rules of court.

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

Petitioner,

v.

Case No.: _____

Respondent,

PETITION FOR INJUNCTION FOR PROTECTION AGAINST
EXPLOITATION OF A VULNERABLE ADULT

Before me, the undersigned authority, personally appeared Petitioner _____ who has been sworn and says that the following statements are true:

1. The vulnerable adult, _____, whose age is _____ and who resides at (address): _____

2. Section 825.101(14), Florida Statutes, provides that a vulnerable adult is a person whose ability to perform the normal activities of daily living or to provide for his or her own care or protection is impaired due to a mental, emotional, sensory, long-term physical, or developmental disability or dysfunction, or brain damage, or the infirmities of aging. Please describe the vulnerable adult's inability to perform the normal activities of daily living: _____

3. The petitioner's relationship to the vulnerable adult is _____, and the petitioner has the right to bring the petition because: _____

4. The respondent resides at: _____

5. The respondent's last known place of employment is: _____

6. The physical description of the respondent is:

Race: _____

Eye Color: _____

Sex: _____

Hair Color: _____

Date of Birth: _____

Distinguishing marks or scars: _____

Height: _____

Weight: _____

7. Aliases of the respondent are: _____

8. The respondent is associated with the vulnerable adult as follows: _____

9. The following describes (1) any other cause of action currently pending between the petitioner and the respondent, any guardianship proceeding under chapter 744 concerning the vulnerable adult, and any previous or pending attempts by the petitioner to obtain an injunction for protection against exploitation of the vulnerable adult in this or any other circuit; (2) related case numbers, if available; and (3) the results of any such attempts: _____

10. The following describe the petitioner's knowledge of any reports made to (1) a government agency, including, but not limited to, the Department of Elderly Affairs, the Department of Children and Families, and the adult protective services program relating to the abuse, neglect, or exploitation of the vulnerable adult; (2) any investigations performed by a government agency relating to abuse, neglect, or exploitation of the vulnerable adult; and (3) the results of any such reports or investigations: _____

11. The petitioner knows or has reasonable cause to believe the vulnerable adult is either a victim of exploitation or is in imminent danger of becoming a victim of exploitation, because the respondent has caused the following incidents or made the following threats of exploitation:

12. The following describes (1) the petitioner's knowledge of the vulnerable adult's dependence on the respondent for care; (2) alternative provisions for the vulnerable adult's care in the absence of the respondent, if necessary; (3) available resources the vulnerable adult has in order to access such alternative provisions; and (4) the vulnerable adult's willingness to use such alternative provisions: _____

13. The petitioner knows the vulnerable adult maintains assets, accounts, or lines of credit at the following financial institutions (provide name, address, and account number of each):

<u>Institution</u>	<u>Address</u>	<u>Account number</u>

14. The petitioner believes that the vulnerable adult's assets to be frozen are (check one):
- a. Worth less than \$1500
 - b. Worth between \$1500 and \$5000
 - c. Worth more than \$5000
15. The petitioner genuinely fears imminent exploitation of the vulnerable adult by the respondent.
16. The petitioner seeks an injunction for the protection of the vulnerable adult, including (mark appropriate section or sections):
- a. Prohibiting the respondent from having any direct or indirect contact with the vulnerable adult.
 - b. Immediately restraining the respondent from committing any acts of exploitation against the vulnerable adult.
 - c. Freezing the below assets, accounts, and/or lines of credit of the vulnerable adult, even if titled jointly with the respondent, or in the respondent's name only, in the court's discretion:

<u>Institution</u>	<u>Address</u>	<u>Account Number</u>

- d. Providing any terms the court deems necessary for the protection of the vulnerable adult or his or assets, including any injunctions or directives to law enforcement agencies, including:

17. If the court enters an injunction freezing assets and credit lines:

- a. The petitioner believes that the critical expenses of the vulnerable adult will be paid for or provided by the following persons or entities: _____

OR

- b. The petitioner requests that the following expenses be paid notwithstanding the freezing of assets, accounts, or lines of credit from the following institution(s): _____

I ACKNOWLEDGE THAT PURSUANT TO SECTION 415.1034, FLORIDA STATUTES, ANY PERSON WHO KNOWS, OR HAS REASONABLE CAUSE TO SUSPECT, THAT A VULNERABLE ADULT HAS BEEN OR IS BEING ABUSED, NEGLECTED, OR EXPLOITED HAS A DUTY TO IMMEDIATELY REPORT SUCH KNOWLEDGE OR SUSPICION TO THE CENTRAL ABUSE HOTLINE. I HAVE REPORTED THE ALLEGATIONS IN THIS PETITION TO THE CENTRAL ABUSE HOTLINE.

I HAVE READ EACH STATEMENT MADE IN THE PETITION AND EACH SUCH 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.

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 by means of physical presence or online notarization, on _____, 20____, by _____.

NOTARY PUBLIC or DEPUTY CLERK

Printed Name: _____

Personally known

Produced identification: _____

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

Petitioner,

v.

Case No.: _____

Respondent,

_____ /

CONSENT FOR PETITIONER TO FILE ON BEHALF OF VULNERABLE ADULT

I consent to a Petition for Injunction being filed against _____.
(Respondent)

I wish to designate _____ to petition on my behalf
for an injunction for protection against exploitation.

Signature

Print Name

Address: _____

Date: _____

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}* _____.

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:		

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: _____

**INSTRUCTIONS FOR FLORIDA SUPREME COURT APPROVED FAMILY LAW
FORM 12.915
DESIGNATION OF CURRENT MAILING AND E-MAIL ADDRESS
(08/23)**

When should this form be used?

This form should be used to inform the clerk and the other **party** of your current mailing and e-mail address(es) or **any change of address**. It is very important that the court and the other party in your case have your correct address.

A party not represented by an attorney is required to designate a primary e-mail address for **service** unless excused pursuant to Florida Rule of General Practice and Judicial Administration 2.516(b)(1)(D). A primary and up to two secondary e-mail addresses can be designated. If you do so and the other party is represented by an attorney or has also designated e-mail address(es) for service, e-mail will be the **exclusive means of service**.

If there is any change in your mailing or e-mail address(es), you must complete a new form, file it with the clerk, and serve a copy on any other party or parties in your case.

What should I do next?

This form should be typed or printed in black ink. After completing this form, you should **file** the original with the **clerk of the circuit court** in the county where your case is filed and keep a copy for your records. A copy of this form must be served on any other party in your case. **Service** must be in accordance with Florida Rule of General Practice and Judicial Administration 2.516.

IMPORTANT INFORMATION REGARDING E-FILING

The Florida Rules of General Practice and Judicial Administration now require that all petitions, pleadings, and documents be filed electronically except in certain circumstances. **Self-represented litigants may file petitions or other pleadings or documents electronically; however, they are not required to do so.** If you choose to file your pleadings or other documents electronically, you must do so in accordance with Florida Rule of General Practice and Judicial Administration 2.525, and you must follow the procedures of the judicial circuit in which you file. **The rules and procedures should be carefully read and followed.**

IMPORTANT INFORMATION REGARDING E-SERVICE ELECTION

After the initial service of process of the petition or supplemental petition by the Sheriff or certified process server, the Florida Rules of General Practice and Judicial Administration now require that all

documents required or permitted to be served on the other party must be served by electronic mail (e-mail) except in certain circumstances. **You must strictly comply with the format requirements set forth in the Rules of General Practice and Judicial Administration** and you **must** review Florida Rule of General Practice and Judicial Administration 2.516. You may find this rule at www.flcourts.org through the link to the Rules of General Practice and Judicial Administration provided under either Family Law Forms: Getting Started, or Rules of Court in the A-Z Topical Index.

SELF-REPRESENTED LITIGANTS MUST SERVE DOCUMENTS BY E-MAIL UNLESS EXCUSED BY THE CLERK.

If a self-represented litigant has been excused from serving documents by e-mail and then elects to serve and receive documents by e-mail, the procedures must always be followed once that election is made.

To serve and receive documents by e-mail, you must designate your e-mail addresses by using the **Designation of Current Mailing and E-mail Address**, Florida Supreme Court Approved Family Law Form 12.915, and you must provide your e-mail address on each form on which your signature appears. Please **CAREFULLY** read the rules and instructions for: **Certificate of Service (General)**, Florida Supreme Court Approved Family Law Form 12.914; **Designation of Current Mailing and E-mail Address**, Florida Supreme Court Approved Family Law Form 12.915; and Florida Rule of General Practice and Judicial Administration 2.516.

Where can I look for more information?

Before proceeding, you should read General Information for Self-Represented Litigants found at the beginning of these forms. The words that are in **bold underline** in these instructions are defined there.

Special notes...

Remember, a person who is NOT an attorney is called a nonlawyer. If a nonlawyer helps you fill out these forms, that person must give you a copy of **Disclosure from Nonlawyer**, Florida Family Law Rules of Procedure Form 12.900(a), before he or she helps you. A nonlawyer helping you fill out these forms also **must** put his or her name, address, and telephone number on the bottom of the last page of every form he or she helps you complete.

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} _____