

IN THE CIRCUIT COURT OF THE SEVENTH JUDICIAL CIRCUIT,
IN AND FOR VOLUSIA COUNTY, FLORIDA

Case No.: _____
Division: _____

_____,
Petitioner,

and

_____,
Respondent.

PETITION FOR INJUNCTION FOR PROTECTION AGAINST DOMESTIC VIOLENCE

Complete the following in blue or black ink.

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 **Petitioner's 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: _____ 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}* _____

Is the Respondent currently in jail? Yes No If yes, list the location: _____
Respondent's Driver's License number is: *{if known}* _____

2. Respondent is:

[√ all that apply]

a. the spouse of Petitioner. Date of Marriage: _____

b. the former spouse of Petitioner.

Date of Marriage: _____

Date of Divorce: _____

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: _____ 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?

Yes No If yes, what happened in that case? (include case number, if known)

5. **Additional Information**

[**all** that apply]

- a. Other acts or threats of domestic violence as described on attached sheet.
- b. This or other acts of domestic violence have been previously reported to *{person or agency}*: _____

c. Respondent owns, has, and/or is known to have guns or other weapons.
Describe weapon(s): _____

- d. Respondent has a drug problem.
- e. Respondent has an alcohol problem.
- f. Respondent has a history of mental health problems. If checked, answer the following, if known.

Has Respondent ever been the subject of a Baker Act proceeding? Yes No

Is Respondent supposed to take medication for mental health problems? Yes No

If yes, is Respondent currently taking his/her medication? Yes No

SECTION IV. TEMPORARY EXCLUSIVE USE AND POSSESSION OF HOME (Complete this section **only** if you want the Court to grant you temporary exclusive use and possession of the home that you share with the Respondent.)

1. Petitioner claims the following about the home that Petitioner and Respondent share or that Petitioner left because of domestic violence:

[**all** that apply]

a. Petitioner needs the exclusive use and possession of the home that the parties share at *{street address}* _____, *{city, state, zip code}* _____.

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:

[**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 CHILD(REN) (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(ren). 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 child(ren) 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 child(ren) whose name(s) and age(s) is (are) listed below.

Name	Place of Birth	Birth date	Sex
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

[**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. was 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 child(ren) who were there when the domestic violence happened. Include child(ren)'s name, age, sex, and parents' names. _____

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

[**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 child(ren) 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 child(ren). Explain: _____

- d. Petitioner requests that the Court prohibit time-sharing by Respondent with the minor

child(ren) because Petitioner genuinely fears that Respondent imminently will abuse, remove, or hide the minor child(ren) from Petitioner. Explain: _____

e. Petitioner requests that the Court allow only supervised time-sharing by Respondent with the minor child(ren). Explain: _____

Supervision should be provided by a Family Visitation Center or other (specify): _____

SECTION VI. 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.)

[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

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 child(ren) for the court to order the respondent to pay child support.)
Temporary child support is requested in the amount of \$_____ every

SECTION VII. 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.

[all that apply]

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

g. granting Petitioner temporary exclusive use and possession of the home Petitioner and Respondent share;

h. granting Petitioner temporary basis 100% of the time sharing with the parties' minor child(ren);

i. establishing a temporary parenting plan including a temporary time-sharing schedule for the parties' minor child(ren).

j. granting temporary alimony for Petitioner;

k. granting temporary child support for the minor child(ren);

l. ordering Respondent to participate in treatment, intervention, and/or counseling services;

m. referring Petitioner to a certified domestic violence center; and any other terms the Court deem necessary for the protection of Petitioner and/or Petitioner's child(ren), 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 RESPONDENT AND I WILL BE NOTIFIED OF THE HEARING, AND THAT I MUST APPEAR AT THE 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.

(initials)

Dated: _____

Signature of Petitioner

STATE OF FLORIDA
COUNTY OF VOLUSIA

Sworn to or affirmed and signed before me on _____ by _____

LAURA E. ROTH
CLERK OF THE CIRCUIT COURT

NOTARY PUBLIC or DEPUTY CLERK

(SEAL)

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

Personally known

Produced identification

Type of identification produced _____

Case # _____

Page # _____

DESCRIPTION OF ABUSE (cont'd):

PLEASE USE AN ADDITIONAL PAGE IF YOU REQUIRE MORE ROOM.

Case # _____

Page # _____

DESCRIPTION OF ABUSE (cont'd):

PLEASE USE AN ADDITIONAL PAGE IF YOU REQUIRE MORE ROOM.