

## INJUNCTION COVER PAGE

<b>PETITIONER NAME</b>	<b>Confidential Address</b>
<b>PETITIONER EMAIL</b>	
<b>2<sup>ND</sup> PETITIONER</b>	
<b>STREET ADDRESS</b>	
<b>CITY</b>	<b>STATE</b> <b>ZIP</b>
<b>HOME PHONE</b>	<b>CELL</b> <b>FAX</b>
<b>BUSINESS</b>	<b>BUSINESS PHONE</b>
<b>BUSINESS ADDRESS</b>	
<b>DATE OF BIRTH</b>	<b>RACE</b> <b>SEX:    MALE    FEMALE</b>
<b>SCHOOL</b>	

<b>RESPONDENT</b>	
<b>RESPONDENT EMAIL</b>	
<b>2<sup>ND</sup> RESPONDENT</b>	
<b>STREET ADDRESS</b>	
<b>CITY</b>	<b>STATE</b> <b>ZIP</b>
<b>HOME PHONE</b>	<b>CELL</b> <b>DL #</b>
<b>BUSINESS</b>	<b>BUSINESS PHONE</b>
<b>BUSINESS ADDRESS</b>	
<b>WORK SCH:</b> M      T      W      TH      F      S      S	
<b>OCCUPATION</b>	
<b>AUTO MAKE</b>   <b>MODEL</b> <b>YEAR</b> <b>COLOR</b>	
<b>TAG</b> <b>TAG STATE</b> <b>TAG TYPE</b>	
<b>VEHICLE ID#</b>	<b>VEHICLE STYLE</b>
<b>COMPLEXION</b>	
<b>MARKS/FEATURES</b>	
<b>PLACE OF BIRTH</b>	
<b>DOB</b> <b>AGE</b> <b>APPROXIMATE AGE</b> <b>SEX:    MALE    FEMALE</b>	
<b>RACE</b> <b>HEIGHT</b> <b>WEIGHT</b>	
<b>HAIR</b> <b>EYES</b>	

**DOES THE RESPONDENT HAVE WEAPONS?      YES      NO**  
**WHAT TYPE OF WEAPONS?**

**OTHER LOCATIONS WHERE THE RESPONDENT CAN BE FOUND:**

<b>CASE #:</b> -    -    -    -    -	<b>DOMESTIC</b>	<b>REPEAT</b>	<b>DATING</b>
<b>DATE</b>	<b>SEXUAL</b>	<b>STALKING</b>	

**BREVARD COUNTY SHERIFF'S DEPARTMENT**  
**LAW ENFORCEMENT AGENCY**

**Initial Action/Petition**

**Reopening Case**

**Modification/Supplemental Petition**  
**Motion for Civil Contempt/Enforcement**  
**Other**

**Deputy Clerk Witness Date:** (month)      (day)      (year-2digit)

**Deputy Clerk Name:**









**FAMILY COURT COVER SHEET**

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CASE NUMBER: 05 - - DR - - - -

Rule of 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, not related cases exist.  
Yes, all related cases are listed on Family Law Form 12.900(h)

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

\_\_\_\_\_  
Signature (Attorney or Party)

\_\_\_\_\_  
FL Bar No. (Bar number if attorney)

\_\_\_\_\_  
Type or Print Name

\_\_\_\_\_  
Date

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

I, {full legal name and trade name of non-lawyer} \_\_\_\_\_,  
a non-lawyer, whose address {street} \_\_\_\_\_,  
{city} \_\_\_\_\_, {state} \_\_\_\_\_ {phone} \_\_\_\_\_,  
helped {name} \_\_\_\_\_, who is the [choose **one** only]  
Petitioner or Respondent, fill out this form.

IN THE CIRCUIT COURT OF THE \_\_\_\_\_ JUDICIAL CIRCUIT,  
IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA

\_\_\_\_\_  
Petitioner,

Case No.: - - - - -

Division: \_\_\_\_\_

and

\_\_\_\_\_  
Respondent.

## PETITION FOR INJUNCTION FOR PROTECTION AGAINST REPEAT 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 and telephone number.)*

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.**

**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} \_\_\_\_\_.

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 \_\_\_\_\_ 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]

- |   |  |
|---|--|
| <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    | <input type="checkbox"/> Mental Health                                 |
| <input type="checkbox"/> Violence or Stalking Injunctions | <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: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Related Case No. 2**

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    | <input type="checkbox"/> Mental Health                                 |
| <input type="checkbox"/> Violence or Stalking Injunctions | <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: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



**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    | <input type="checkbox"/> Mental Health                                 |
| <input type="checkbox"/> Violence or Stalking Injunctions | <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} \_\_\_\_\_.

**IN THE CIRCUIT COURT, EIGHTEENTH JUDICIAL CIRCUIT,  
IN AND FOR BREVARD COUNTY, FLORIDA**

**DIVISION: FAMILY**                      **CASE NUMBER: 05 -       - DR -       -       -**

**PETITIONER**    *CLOCK IN*

**and**

**RESPONDENT**

**PETITIONER’S WAIVER OR NON-WAIVER OF RETURN HEARING**

I, \_\_\_\_\_, the petitioner herein, have filed a Petition for Injunction for Protection Against Domestic Violence Dating Violence Repeat Violence Sexual Violence or Stalking Violence. I understand that, after reviewing the Petition, the court may;

- 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 with notice to the Respondent, or
- c) Deny the temporary injunction and not set the case for hearing

**Petitioner, initial either Paragraph A or B below:**

\_\_\_\_\_ A. If the court does **not** issue a temporary injunction for protection, I do not object to a hearing being set and understand that notice of the hearing and a copy of the Petition for Injunction will be provided to the Respondent.

OR

\_\_\_\_\_ B. If the court does **not** issue a temporary injunction for protection, I request that a hearing **NOT** be set. 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 understand that the Judge will enter an order denying the temporary injunction instead of an order setting it for a hearing. I further understand that nothing herein affects my right to amend my petition.

I have signed this waiver or non-waiver freely and voluntarily.

\_\_\_\_\_  
Signature of Petitioner

\_\_\_\_\_  
Date

Printed Name: \_\_\_\_\_