

INJUNCTION COVER PAGE

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

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

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

OTHER LOCATIONS WHERE THE RESPONDENT CAN BE FOUND:

CASE #:	-	-	-	-	DOMESTIC	REPEAT	DATING
DATE					SEXUAL	STALKING	
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:

INJUNCTION COVER PAGE 3

DID NOT CONDUCT SEARCH

DID CONDUCT SEARCH

NO CAUSE OF ACTION FILED

FOLLOWING CAUSES FILED

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

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

JUDGE:

PETITIONER

RESPONDENT

FAMILY COURT COVER SHEET

(Complete and submit with initial paperwork)

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

- Initial Action/Petition
- Reopening Case
 - Modification/Supplemental Petition
 - Motion for Civil Contempt/Enforcement
 - Other

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

- Simplified Dissolution of Marriage
- Dissolution of Marriage
- Injunction – Domestic Violence
- Injunction – Dating Violence
- Injunction – Repeat Violence
- Injunction – Sexual Violence
- Injunction – Stalking
- Support IV-D (Department of Revenue, Child Support Enforcement)
- Support Non-IV-D (**not** Department of Revenue, Child Support Enforcement)
- UIFSA IV-D (Department of Revenue, Child Support Enforcement)
- UIFSA Non-IV-D (**not** Department of Revenue, Child Support Enforcement)
- Other Family Court
- Adoption Arising out of Chapter 63
- Name Change
- Paternity/Disestablishment of Paternity
- Juvenile Delinquency
- Juvenile Dependency
- Shelter Petition
- Termination of Parental Rights Arising Out of Chapter 39
- Adoption Arising Out of Chapter 39
- CINS/FINS

FAMILY COURT COVER SHEET

Page 2

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.: - - - -

and

Division: _____

Respondent.

PETITION FOR INJUNCTION FOR PROTECTION AGAINST DOMESTIC 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's current address is: {street address} _____
{city, state, and zip code} _____
Telephone Number: {area code and number} _____
Physical description of Petitioner:
Race: _____ Sex: Male _____ Female _____ 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} _____

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

2. Respondent is: *{Indicate all that apply}*
- a. _____ the spouse of Petitioner.
Date of Marriage: _____
 - b. _____ the former spouse of Petitioner.
Date of Marriage: _____
Date of Dissolution of Marriage: _____
 - 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: Male _____ Female _____ 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 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, including a dissolution of marriage, paternity action, or child support enforcement action, **between Petitioner and Respondent** *{Include city, state, and case number, if known}*: _____

4. Petitioner is either a victim of domestic violence or has reasonable cause to believe he or she is in imminent danger of becoming a victim of domestic violence because respondent has: *{Mark all sections that apply and describe in the spaces below the incidents of violence or threats of violence, specifying when and where they occurred, including, but not limited to, locations such as a home, school, place of employment, or time-sharing exchange}*

- a. _____ committed or threatened to commit domestic violence defined in s. 741.28, Florida Statutes, as any assault, aggravated assault, battery, aggravated battery, sexual assault, sexual battery, stalking, aggravated stalking, kidnapping, false imprisonment, or any criminal offense resulting in physical injury or death of one family or household member by another. With the exception of persons who are parents of a child in common, the family or household members must be currently residing or have in the past resided together in the same single dwelling unit.
- b. _____ previously threatened, harassed, stalked, or physically abused the petitioner.
- c. _____ attempted to harm the petitioner or family members or individuals closely associated with the petitioner.
- d. _____ threatened to conceal, kidnap, or harm the petitioner's child or children.
- e. _____ intentionally injured or killed a family pet.
- f. _____ used, or has threatened to use, against the petitioner any weapons such as guns or knives.
- g. _____ physically restrained the petitioner from leaving the home or calling law enforcement.
- h. _____ a criminal history involving violence or the threat of violence (if known).
- i. _____ another order of protection issued against him or her previously or from another jurisdiction (if known).
- j. _____ destroyed personal property, including, but not limited to, telephones or other communication equipment, clothing, or other items belonging to the petitioner.
- k. _____ engaged in a pattern of abusive, threatening, intimidating, or controlling behavior composed of a series of acts over a period of time, however short.
- l. _____ engaged in any other behavior or conduct that leads the petitioner to have reasonable cause to believe he or she is in imminent danger of becoming a victim of domestic violence.

Below is a brief description of the latest act of violence or threat of violence that causes Petitioner to honestly fear imminent domestic violence by Respondent.

{Please begin your narrative below. Use additional pages if necessary but please do not write in the margins or on the back of any of the pages Please indicate below if you are using additional pages.}

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

Respondent:

_____.

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

5. Additional Information

{Indicate 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:

*{Indicate **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:

*{Choose **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 CHILDREN

*(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 or children. 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 children 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 children whose name(s) and age(s) are listed below.

Name

Birth date

_____	_____
_____	_____
_____	_____
_____	_____

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

{Choose 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. _____ were 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 children who were there when the domestic violence happened. Include children's name, age, and parents' names. _____

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

{Indicate 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 children 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 children. *{Explain}*: _____
_____.
- d. _____ Petitioner requests that the Court **prohibit** time-sharing by Respondent with the minor children because Petitioner genuinely fears that Respondent imminently will abuse, remove, or hide the minor children from Petitioner. *{Explain}*: _____

_____.
- e. _____ Petitioner requests that the Court allow only supervised time-sharing by Respondent with the minor children. *{Explain}*: _____

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

SECTION VI. EXCLUSIVE CARE, POSSESSION, OR CONTROL OF FAMILY PET(S) *(Complete this section only if you are seeking exclusive care, possession, or control of an animal owned, possessed, harbored, kept, or held by you (the Petitioner), the Respondent, or a minor child residing in either your residence or household or Respondent's residence or household. The court may order the Respondent to have no contact with the animal and may prohibit the Respondent from taking, transferring, encumbering, concealing, harming, or otherwise disposing of the animal. You may not request to have exclusive care, possession, or control of an animal owned primarily for a bona fide agricultural purpose, as defined in section 193.461, Florida Statutes, or a service animal, as defined in section 413.08, Florida Statutes, if Respondent is the service animal's handler.) {Indicate **all** that apply}.*

1. _____ Petitioner requests to have exclusive care, possession, and control of the following animal(s) which are owned, possessed, harbored, kept, or held by Petitioner, Respondent, or a minor child residing in Petitioner's or Respondent's residence or household: _____
_____.

2. _____ Petitioner requests that Respondent have no contact with the following animal(s) and be prohibited from taking, transferring, encumbering, concealing, harming, or otherwise disposing of them: _____
_____.

SECTION VII. 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.)*

*{Indicate **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: _____ week _____ other week _____ month.

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 children for the court to order the Respondent to pay child support.) Temporary child support is requested in the amount of \$ _____ every: _____ week _____ other week _____ month.

SECTION VIII. 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;

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

- f. _____prohibiting Respondent from going to or within 500 feet of the following place(s) Petitioner or Petitioner's minor children must go often {include address}:
_____;
- g. _____granting Petitioner temporary exclusive use and possession of the home Petitioner and Respondent share;
- h. _____granting Petitioner on a temporary basis 100% of the time sharing with the parties' minor children;
- i. _____establishing a temporary parenting plan including a temporary time-sharing schedule for the parties' minor children;
- j. _____granting Petitioner exclusive care, possession, or control of the animal(s) identified in paragraph 1 of Section VI which are owned, possessed, harbored, kept or held by Petitioner, Respondent, or a minor child residing in Petitioner or Respondent's residence or household;
- k. _____prohibiting Respondent from having any contact with the animal(s) identified in paragraph 2 of Section VI or from taking, transferring, encumbering, concealing, harming, or otherwise disposing of them;
- l. _____granting temporary alimony for Petitioner;
- m. _____granting temporary child support for the minor children;
- n. _____ordering Respondent to participate in treatment, intervention, and/or counseling services;

- o. _____referring Petitioner to a certified domestic violence center; and any other terms the Court deems necessary for the protection of Petitioner and/or Petitioner’s children, 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 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.

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 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.

UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA) AFFIDAVIT

I, {full legal name} _____, being sworn, certify that the following statements are true:

1. The number of minor child(ren) subject to this proceeding is _____. The name, place of birth, birth date, and sex of each child; the present address, periods of residence, and places where each child has lived **within the past five (5) years**; and the name, present address, and relationship to the child of each person with whom the child has lived during that time are:

THE FOLLOWING INFORMATION IS TRUE ABOUT CHILD # 1 :

Child's Full Legal Name: _____
Place of Birth: _____ Date of Birth: _____ Sex: _____

Child's Residence for the past 5 years:

Dates (From/To)	Address (including city and state) where child lived	Name and present address of person child lived with	Relationship to child
____/____ ____/present*			
____/____			
____/____			
____/____			

___/___			
___/___			

*** If you are the petitioner in an injunction for protection against domestic violence case and you have filed a Request for Confidential Filing of Address, Florida Supreme Court Approved Family Law Form 12.980(h), you should write confidential in any space on this form that would require you to enter the address where you are currently living.**

THE FOLLOWING INFORMATION IS TRUE ABOUT CHILD # ___ :

Child's Full Legal Name: _____
 Place of Birth: _____ Date of Birth: _____ Sex: _____

Child's Residence for the past 5 years:

Dates (From/To)	Address (including city and state) where child lived	Name and present address of person child lived with	Relationship to child
___/present			
___/___			
___/___			
___/___			
___/___			
___/___			

THE FOLLOWING INFORMATION IS TRUE ABOUT CHILD # ___ :

Child's Full Legal Name: _____
 Place of Birth: _____ Date of Birth: _____ Sex: _____

Child's Residence for the past 5 years:

Dates (From/To)	Address (including city and state) where child lived	Name and present address of person child lived with	Relationship to child
___/present			

___/___			
___/___			
___/___			
___/___			
___/___			

2. Participation in custody or time-sharing proceeding(s):

[Choose only one]

_____ I HAVE NOT participated as a party, witness, or in any capacity in any other litigation or custody proceeding in this or any other state, jurisdiction, or country, concerning parental responsibility for, custody of, or time-sharing or visitation with a child subject to this proceeding.

_____ I HAVE participated as a party, witness, or in any capacity in any other litigation or custody proceeding in this or another state, jurisdiction, or country, concerning parental responsibility for, custody of, or time-sharing or visitation with a child subject to this proceeding.

Explain:

- a. Name of each child: _____
- b. Type of proceeding: _____
- c. Court and state: _____
- d. Date of court order or judgment (if any): _____

3. Information about custody or time-sharing proceeding(s):

[Choose only one]

_____ I HAVE NO INFORMATION of any parental responsibility, custody, time-sharing, or visitation proceeding pending in a court of this or any other state, jurisdiction, or country concerning a child subject to this proceeding.

_____ I HAVE THE FOLLOWING INFORMATION concerning a parental responsibility, custody, time-sharing, or visitation proceeding pending in a court of this or another state concerning a child subject to this proceeding, other than set out in item 2. *Explain:*

- a. Name of each child involved in said litigation: _____
- b. Type of proceeding: _____
- c. Court and state: _____
- d. Date of court order or judgment (if any): _____
- e. Case Number: _____

4. **Persons not a party to this proceeding:**

[Choose only one]

_____ I DO NOT KNOW OF ANY PERSON in this or any other state, jurisdiction, or country, who is not a party to this proceeding and who has physical custody or claims to have parental responsibility for, custody of, or time-sharing or visitation with respect to any child subject to this proceeding.

_____ I KNOW THAT THE FOLLOWING NAMED PERSON(S), not a party to this proceeding, has (have) physical custody or claim(s) to have parental responsibility for, custody of, or time-sharing or visitation with respect to any child subject to this proceeding:

a. Name and address of person: _____

_____ has physical custody

_____ claims parental responsibility or custody rights

_____ claims time-sharing or visitation

Name of each child: _____

Relationship to child, if any: _____

b. Name and address of person: _____

_____ has physical custody

_____ claims parental responsibility or custody rights

_____ claims time-sharing or visitation

Name of each child: _____

Relationship to child, if any: _____

c. Name and address of person: _____

_____ has physical custody

_____ claims parental responsibility or custody rights

_____ claims time-sharing or visitation

Name of each child: _____

Relationship to child, if any: _____

5. **Knowledge of prior child support proceedings:**

[Choose only one]

_____ The child(ren) described in this affidavit are NOT subject to existing child support order(s) in this or any other state, jurisdiction, or country..

_____ The child(ren) described in this affidavit are subject to the following existing child support order(s):

a. Name of each child: _____

b. Type of proceeding: _____

c. Court and address: _____

d. Date of court order/judgment (if any): _____

e. Amount of child support ordered to be paid and by whom: _____

6. I acknowledge that I have a continuing duty to advise this Court of any parental responsibility, custody, time-sharing or visitation , child support, or guardianship proceeding (including dissolution of marriage, separate maintenance, child neglect, or dependency) concerning the child(ren) in this state or any other state about which information is obtained during this proceeding.
7. A completed Notice of **Confidential Information within Court Filing**, Florida Rules of Judicial Administration Appendix to Rule 2.420 Form, is filed with this Affidavit.

I certify that a copy of this document was () e-served () mailed () faxed and mailed () hand delivered to the person(s) listed below on {date} _____.

Other party or his/her attorney:

Name: _____
Address: _____
City, State, Zip: _____
Fax Number: _____
Designated E-mail Address(es): _____

I understand that I am swearing or affirming under oath to the truthfulness of the claims made in this affidavit and that the punishment for knowingly making a false statement includes fines and/or imprisonment.

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 on _____ by _____.

NOTARY PUBLIC or DEPUTY CLERK

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

_____ Personally known

_____ Produced identification

Type of identification produced _____

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

DIVISION: _____ **Case Number:** 05 - _____ - DR - _____ - _____

PETITIONER (name/child name/street/city/state/zip)

CLOCK IN

RESPONDENT (name/name/street/city/state/zip)

NOTICE OF SOCIAL SECURITY NUMBER

I, *{full legal name}* _____, certify that my social security number is _____, as required in section 61.052(7), sections 61.13(8) or 61.13(7)(a), section 7.42.031(3), sections 742.032(1)(3), and/or sections 742.10(1)-(2), Florida Statutes. My date of birth is _____.

[check **one** only]

1. The notice is being filed in a dissolution of marriage case in which the parties have **no** minor children in common.

2. This notice is being filed in a _____ paternity case, _____ child support case, _____ injunction case, or in a _____ dissolution of marriage in which the parties have minor children in common. The minor child(ren)'s name(s), date(s) of birth, and social security number(s) is/are:

Name	Birth Date	Social Security No.
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

{Attach additional pages if necessary}

NOTICE OF SOCIAL SECURITY NUMBER

Case No.: 05 - - DR - - -

Page 2

Disclosure of social security numbers shall be limited to the purpose of administration of the Title IV-D program for child support enforcement.

I understand that I am swearing or affirming under oath to the truthfulness of the claims made in this notice and that the punishment for knowingly making a false statement includes fines and/or imprisonment.

Petitioner

Date

Petitioner's Name Printed

Petitioner's Address

City, State, Zip Code

Petitioner's Phone Number & Fax Number

Petitioner's E-Mail Address

STATE OF FLORIDA
COUNTY OF BREVARD

Sworn to or affirmed and signed before me this _____ day of _____, 20____,
by _____.

NOTARY PUBLIC or DEPUTY CLERK

Personally known
Produced identification
Type of identification produced _____

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

IF A NONLAWYER 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 nonlawyer} _____,
a nonlawyer, located at {street} _____,
{city} _____, {state} _____, {phone} _____,
helped {name} _____,
who [one only] petitioner **or** respondent, fill out this form.

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

DIVISION: _____ **Case Number:** 05 - - DR - - - -

PETITIONER _____ **CLOCK IN**

RESPONDENT

FINANCIAL AFFIDAVIT

I, {name} _____, being sworn, certify that the following information is true:

Employed by: _____ Length of employment: _____

Address: _____

Pay Rate: \$ _____ every week every other week twice a month monthly
other _____

Check here if unemployed and explain on a separate sheet of your efforts to find employment.

AVERAGE GROSS MONTHLY INCOME:

- | | | |
|--|----------------------------------|--------------|
| 1. Monthly Salary/Wages \$ _____ | 6. Unemployment Compensation | \$ _____ |
| 2. Bonuses, commissions,
overtime allowances, tips, etc. \$ _____ | 7. Pensions, retirement, annuity | \$ _____ |
| 3. Self-employment /
partnership/close corp. &
independent contract \$ _____ | 8. Social Security payments | \$ _____ |
| 4. Disability benefits \$ _____ | 9. Interest and dividends | \$ _____ |
| 5. Workers' Compensation \$ _____ | 10. Rental Income | \$ _____ |
| | 11. Other | \$ _____ |
| | 12. TOTAL GROSS INCOME \$ | _____ |

ALLOWABLE DEDUCTIONS:

- | | | |
|--|--|--------------|
| 13. Federal, state & local
taxes \$ _____ | 17. Health Insurance payments | \$ _____ |
| 14. FICA/self-employment \$ _____ | 18. Court ordered child support
for other children <u>actually paid</u> | \$ _____ |
| 15. Mandatory union dues \$ _____ | | |
| 16. Mandatory retirement \$ _____ | 19. TOTAL DEDUCTIONS \$ | _____ |

TOTAL GROSS INCOME (line 12) \$ _____
TOTAL ALLOWABLE DEDUCTIONS (line 19) \$ _____

20. TOTAL NET INCOME (subtract line 19 from line 12) \$ _____

FINANCIAL AFFIDAVIT

Case No.: 05 - - DR - - - -

Page 2

21. LIABILITIES AND EXPENSES:

Utilities	\$ _____	other (please state)	_____	\$ _____	
Child care	\$ _____	probation/parole	\$ _____	transportation	\$ _____
Medical	\$ _____	rent/mortgage	\$ _____	property taxes	\$ _____
Food	\$ _____	vehicle payment	\$ _____	insurance	\$ _____
Clothing	\$ _____	recreation	\$ _____		

22. TOTAL LIABILITIES AND EXPENSES \$ _____

STATE OF FLORIDA
COUNTY OF BREVARD

Sworn to or affirmed and signed before me this _____ day of _____, 20__.

NOTARY PUBLIC or DEPUTY CLERK

Personally known
Produced identification
Type of identification produced _____

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

Your Signature: _____

Your Street Address: _____

Your City, State, and Zip: _____

**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: _____