

**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: M</b>	<b>T</b>	<b>W</b>	<b>TH</b>	<b>F</b>	<b>S</b>	<b>S</b>
<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>	
<b>BREVARD COUNTY SHERIFF'S DEPARTMENT</b>			
<b>LAW ENFORCEMENT AGENCY</b>			

<b>Initial Action/Petition</b>	<b>Reopening Case</b>
	Modification/Supplemental Petition Motion for Civil Contempt/Enforcement Other

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

**Deputy Clerk Name:**

**INJUNCTION COVER PAGE 2**

SHARED RESIDENCE                      OWNED      LEASED      RENTED      **Confidential Address**  
 NAME ON DEED, LEASE OR RENTAL AGREEMENT  
 RESIDENCE LOCATED AT:  
 Street  
 City/State/Zip

RELATIONSHIP BETWEEN PETITIONER AND RESPONDENT  
 Spouse                      Former Spouse                      Child in Common  
 Child of an "Intimate Partner"                      Cohabitates or cohabitated together  
 Other:

ANY OTHER ACTION PENDING:  
 DIVORCE      CUSTODY      DEPENDENCY      CRIMINAL CHARGES      SUPPORT

CHILD(REN) NAME AND DATE OF BIRTH

CHILD(REN) NAME	PLACE OF BIRTH	DATE OF BIRTH	SEX

ADDITIONAL CHILDREN THAT ARE IN THE HOME, AGE AND WHO THEY BELONG TO:

	P	R
	P	R
	P	R
	P	R

HEARING INFO HELD \_\_\_\_\_, 20\_\_\_\_, AT \_\_\_\_\_ M.  
 \_\_\_\_\_ A.M./P.M.

JUDGE: \_\_\_\_\_                      Crthse: \_\_\_\_\_  
 \_\_\_\_\_                                      Crtrm: \_\_\_\_\_

THE AFFIANT IS THE PETITIONER  
 PETITIONER RESIDES OR                      HAS RESIDED WITH RESPONDENT IN A SINGLE  
 DWELLING UNIT.  
 PETITIONER IS 18 YEARS OF AGE:                      YES                      NO

**WARNING: IF THE CONFIDENTIAL CHECK BOX IS CHECKED, YOU MUST MANUALLY CHANGE ADDRESSES**

**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

Case No.: \_\_\_\_\_  
Division: \_\_\_\_\_

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

and

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

## PETITION FOR INJUNCTION FOR PROTECTION AGAINST SEXUAL VIOLENCE

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 a Request for Confidential Filing of Address, Florida Supreme Court Approved Family Law Form 12.980(h), and write confidential in the space provided on this form for your address.)

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

\_\_\_\_\_  
Date of Birth of Petitioner: \_\_\_\_\_

*{Indicate if applicable}*

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

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

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

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

### SECTION II. RESPONDENT

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

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

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

2. Respondent's last known place of employment: \_\_\_\_\_  
 Employment address: \_\_\_\_\_  
 Working hours: \_\_\_\_\_
  
3. Physical description of Respondent:  
 Race: \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_  
 Distinguishing marks and/or scars: \_\_\_\_\_  
 Vehicle: (make/model) \_\_\_\_\_ Color: \_\_\_\_\_ Tag Number: \_\_\_\_\_
  
4. Other names Respondent goes by (aliases or nicknames): \_\_\_\_\_  
 \_\_\_\_\_
  
5. Respondent's attorney's name, address, and telephone number is: \_\_\_\_\_  
 \_\_\_\_\_  
 (If you do not know whether Respondent has an attorney, write "unknown." If Respondent does not have an attorney, write "none.")
  
6. If Respondent is a minor, the address of Respondent's parent or legal guardian is: \_\_\_\_\_  
 \_\_\_\_\_

**SECTION III. CASE HISTORY AND REASON FOR SEEKING PETITION**

(This section must be completed.)

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

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

*{Indicate all that apply}*

- a. \_\_\_\_\_ Petitioner reported the sexual violence to law enforcement and is cooperating in any criminal proceeding. The incident report number by law enforcement is: \_\_\_\_\_. *{If there is a criminal case, include case number, if known}* \_\_\_\_\_.
  
- b. \_\_\_\_\_ Respondent was sent to prison for committing sexual violence against Petitioner or Petitioner's minor child living at home and Respondent is out of prison or is getting out of prison within 90 days. The notice of inmate release is attached.

2. Has Petitioner ever received or tried to get an injunction for protection against domestic violence, dating violence, repeat violence, or sexual violence against Respondent in this or any other court?  
 Yes     No    If yes, what happened in that case? *{Include case number, if known}* \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  
3. Has Respondent ever received or tried to get an injunction for protection against domestic violence, dating violence, repeat violence, or sexual violence against Petitioner in this or any other court?  
 Yes     No    If yes, what happened in that case? *{Include case number, if known}* \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  
4. Describe any other court case that is either going on now or that happened in the past between Petitioner and Respondent *{Include case number, if known}*: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  
5. **Additional Information**  
*{Indicate **all** that apply}*
  - a.  Respondent owns, has, and/or is known to have guns or other weapons.  
 Describe weapon(s): \_\_\_\_\_
  - b.  This or prior acts of violence have been previously reported to: *{person or agency}* \_\_\_\_\_  
 \_\_\_\_\_

**SECTION IV. INJUNCTION**

(This section must be completed.)

1. Petitioner asks the Court to enter a TEMPORARY INJUNCTION for protection against sexual violence that will be in place from now until the scheduled hearing in this matter.
  
2. Petitioner asks the Court to enter an injunction prohibiting Respondent from committing any acts of violence against Petitioner and:
  - a. prohibiting Respondent from going to or within 500 feet of any place Petitioner lives;
  - b. prohibiting Respondent from going to or within 500 feet of Petitioner’s place(s) of employment or the school that Petitioner attends; the address of Petitioner’s place(s) of employment and/or school is: \_\_\_\_\_  
 \_\_\_\_\_;
  - c. prohibiting Respondent from contacting Petitioner by telephone, mail, by e-mail, in writing, through another person, or in any other manner;
  - d. ordering Respondent not to use or possess any guns or firearms;  
*{Indicate **all** that apply}*
  - e.  prohibiting Respondent from going to or within 500 feet of the following place(s) Petitioner or Petitioner’s immediate family must go to often: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_;
  - f.  prohibiting Respondent from knowingly and intentionally going to or within 100 feet of Petitioner’s motor vehicle; AND any other terms the Court deems necessary for the safety of Petitioner and Petitioner’s immediate family.

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



**WE WILL BE BOUND BY THE TERMS OF ANY INJUNCTION OR ORDER ISSUED AT THAT HEARING.**

**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.**

**THIS PETITION MUST BE SIGNED BY THE PETITIONER BUT IT IS NOT REQUIRED TO BE NOTARIZED IF IT IS FILED DURING THE SCOPE AND DURATION OF A STATE OF EMERGENCY DECLARED BY A GOVERNMENTAL ENTITY.**

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Petitioner  
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 subscribed before me by means of  physical presence or  online notarization, this  
\_\_\_\_ day of \_\_\_\_\_ 20\_\_, by \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC or DEPUTY CLERK

\_\_\_\_\_  
*{Print, type, or stamp commissioned name of notary or clerk.}*

Personally Known OR  Produced Identification  
Type of Identification Produced: \_\_\_\_\_

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): \_\_\_\_\_



**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: \_\_\_\_\_