

**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>
	<b>Modification/Supplemental Petition</b>
	<b>Motion for Civil Contempt/Enforcement</b>
	<b>Other</b>

**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

---

---

---

---

---

---

---

---

---

---

---



**FAMILY COURT COVER SHEET**

Page 2

CASE NUMBER: 05 -        - DR -        - XXXX-XX

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 DOMESTIC 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 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.





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.**

**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.

### 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]  
 Dissolution of Marriage                       Paternity  
 Custody     Adoption  
 Child Support                                    Modification/Enforcement/Contempt Proceedings  
 Juvenile Dependency                         Juvenile Delinquency  
 Termination of Parental Rights            Criminal  
 Domestic/Sexual/Dating/Repeat         Mental Health  
 Violence or Stalking Injunctions        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 EIGHTEENTH JUDICIAL CIRCUIT,  
IN AND FOR BREVARD COUNTY, FLORIDA**

**DIVISION:** \_\_\_\_\_ **Case Number: 05 -** \_\_\_\_\_ **- DR -** \_\_\_\_\_ **- XXXX-XX**

**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 -

-XXXX-XX

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 -        - XXXX-XX

**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,<br>overtime allowances, tips, etc. \$ _____               | 7. Pensions, retirement, annuity | \$ _____     |
| 3. Self-employment /<br>partnership/close corp. &<br>independent contract \$ _____ | 8. Social Security payments      | \$ _____     |
| 4. Disability benefits \$ _____  | 9. Interest and dividends        | \$ _____     |
| 5. Workers' Compensation \$ _____  | 10. Rental Income                | \$ _____     |
|  | 11. Other                        | \$ _____     |
|  | <b>12. TOTAL GROSS INCOME \$</b> | <b>_____</b> |

**ALLOWABLE DEDUCTIONS:**

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

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

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

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

