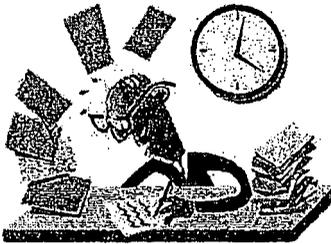


## **\*\*IMPORTANT\*\***

It is strongly recommended that you file your paperwork **DURING THE MORNING BUSINESS HOURS** to allow sufficient time during the day for the court to review your request. Pursuant to Administrative Order number 2010-044, all Petitions for Protective Injunctions must be filed in the Clerk's office before 4:00pm for same day processing..



For after hour emergency services, please contact  
your respective Domestic Violence Center:

### New Port Richey:

Salvation Army Domestic Violence Center  
PO Box 5517, Hudson, FL 34674  
727-856-5797

### Dade City:

Sunrise Domestic Violence Center  
POBox928  
Dade City, FL 33526  
352-521-3120

## COVER SHEET FOR FAMILY COURT CASES

### I. Case Style

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

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

Judge: \_\_\_\_\_

\_\_\_\_\_  
Petitioner

and

\_\_\_\_\_  
Respondent

### II. Type of Action/Proceeding. Place a check 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.**

- (A) \_\_\_ Initial Action/Petition
- (B) \_\_\_ Reopening Case
  - 1. \_\_\_ Modification/Supplemental Petition
  - 2. \_\_\_ Motion for Civil Contempt/Enforcement
  - 3. \_\_\_ Other

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

- (A) \_\_\_ Simplified Dissolution of Marriage
- (B) \_\_\_ Dissolution of Marriage
- (C) \_\_\_ Domestic Violence
- (D) \_\_\_ Dating Violence
- (E) \_\_\_ Repeat Violence
- (F) \_\_\_ Sexual Violence
- (G) \_\_\_ Stalking
- (H) \_\_\_ Support IV-D (Department of Revenue, Child Support Enforcement)
- (I) \_\_\_ Support Non-IV-D (**not** Department of Revenue, Child Support Enforcement)
- (J) \_\_\_ UIFSA IV-D (Department of Revenue, Child Support Enforcement)
- (K) \_\_\_ UIFSA Non-IV-D (**not** Department of Revenue, Child Support Enforcement)
- (L) \_\_\_ Other Family Court
- (M) \_\_\_ Adoption Arising Out Of Chapter 63
- (N) \_\_\_ Name Change

- (O) \_\_\_ Paternity/Disestablishment of Paternity
- (P) \_\_\_ Juvenile Delinquency
- (Q) \_\_\_ Petition for Dependency
- (R) \_\_\_ Shelter Petition
- (S) \_\_\_ Termination of Parental Rights Arising Out Of Chapter 39
- (T) \_\_\_ Adoption Arising Out Of Chapter 39
- (U) \_\_\_ CINS/FINS

**IV.** 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, no related cases exist.  
 \_\_\_ Yes, all related cases are listed on Family Law Form 12.900(h).

**ATTORNEY OR PARTY SIGNATURE**

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

Signature \_\_\_\_\_ FL Bar No.: \_\_\_\_\_  
 Attorney or party (Bar number,if attorney)

\_\_\_\_\_  
 (Type or print name) (E-mail Address(es))

\_\_\_\_\_  
 Date

**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,

## 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 section 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 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.  
(Use additional sheets if necessary.)



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 CHILD(REN)** (Complete this section **only** if you are asking the court to provide a temporary parenting plan, including a temporary time-sharing schedule with regard to, the minor child or children of the parties which might involve prohibiting or limiting time-sharing or requiring that it be supervised by a third party. You must be the natural parent, adoptive parent, or guardian by court order of the minor child(ren). If you are asking the court to provide a temporary parenting plan, including a temporary time-sharing schedule with regard to, the minor child or children of the parties which might involve prohibiting or limiting time-sharing or requiring that it be supervised by a third party, you must also complete and file a **Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA) Affidavit**, Florida Supreme Court Approved Family Law Form 12.902(d).)

**Note: If the paternity of the minor child(ren) listed below has not been established through either marriage or court order, the Court may deny a request to provide a temporary parenting plan, including a temporary time-sharing schedule with regard to, the minor child or children, and/or a request for**

**child support.**

1. Petitioner is the natural parent, adoptive parent, or guardian by court order of the minor child(ren) whose name(s) and age(s) is (are) listed below.

**Name**

**Birth date**

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

*{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 child(ren) who were there when the domestic violence happened. Include child(ren)'s name, age, and parents' names. \_\_\_\_\_

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

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- b. \_\_\_\_\_ Petitioner requests that the Court order supervised exchange of the minor child(ren) or exchange through a responsible person designated by the Court. The following person is suggested as a responsible person for purposes of such exchange. *{Explain}*: \_\_\_\_\_

---

c. \_\_\_\_\_ Petitioner requests that the Court limit time-sharing by Respondent with the minor child(ren). *{Explain}*: \_\_\_\_\_

\_\_\_\_\_

d. \_\_\_\_\_ Petitioner requests that the Court prohibit time-sharing by Respondent with the minor child(ren) because Petitioner genuinely fears that Respondent imminently will abuse, remove, or hide the minor child(ren) from Petitioner. *{Explain}*: \_\_\_\_\_

\_\_\_\_\_

e. \_\_\_\_\_ Petitioner requests that the Court allow only supervised time-sharing by Respondent with the minor child(ren). *{Explain}*: \_\_\_\_\_

\_\_\_\_\_

Supervision should be provided by a Family Visitation Center, or other (specify): \_\_\_\_\_

**SECTION VI. TEMPORARY SUPPORT** (Complete this section **only** if you are seeking financial support from the Respondent. You must also complete and file a **Family Law Financial Affidavit**, Florida Family Law Rules of Procedure Form 12.902(b) or (c), and **Notice of Social Security Number**, Florida Supreme Court Approved Family Law Form 12.902(j), if you are seeking child support. A **Child Support Guidelines Worksheet**, Florida Family Law Rules of Procedure Form 12.902(e), must be filed with the court at or prior to a hearing to establish or modify child support.)

*{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 child(ren) 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 VII. INJUNCTION** (This section summarizes what you are asking the Court to include in the injunction. This section must be completed.)

1. Petitioner asks the Court to enter a TEMPORARY INJUNCTION for protection against domestic violence that will be in place from now until the scheduled hearing in this matter.
  
2. Petitioner asks the Court to enter, after a hearing has been held on this petition, a final judgment on injunction prohibiting Respondent from committing any acts of domestic violence against Petitioner **and**:
  - a. prohibiting Respondent from going to or within 500 feet of any place the Petitioner lives;
  
  - b. prohibiting Respondent from going to or within 500 feet of the Petitioner's place(s) of employment or school; the address of Petitioner's place(s) of employment or school is:  

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  - 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 child(ren) must go often *{include address}*:  

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- 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 child(ren);
  
- i.  establishing a temporary parenting plan including a temporary time-sharing schedule for the parties' minor child(ren);
  
- j.  granting temporary alimony for Petitioner;
  
- k.  granting temporary child support for the minor child(ren);

- l. \_\_\_\_ ordering Respondent to participate in treatment, intervention, and/or counseling services;
- m. \_\_\_\_ referring Petitioner to a certified domestic violence center; and any other terms the Court deems necessary for the protection of Petitioner and/or Petitioner's child(ren), including injunctions or directives to law enforcement agencies, as provided in Section 741.30, Florida Statutes.

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

\_\_\_\_\_  
(initials)

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

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

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 \_\_\_\_\_





# Pasco Sheriff's Office PROTECTIVE INJUNCTION WORKSHEET

(Continued)



**Is the respondent currently in jail?**  Yes  No **If yes, which county?** \_\_\_\_\_

**Respondent Home Address:** \_\_\_\_\_  
STREET CITY ZIP CODE

**Employer:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Employer Address:** \_\_\_\_\_  
STREET CITY ZIP CODE

**Work Schedule/Hours:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

### OTHER POSSIBLE HANG OUTS

**Address:** \_\_\_\_\_  
STREET CITY ZIP CODE

**Address:** \_\_\_\_\_  
STREET CITY ZIP CODE

**Phone Number:** \_\_\_\_\_ **Alternate Number:** \_\_\_\_\_

### VEHICLE INFORMATION

**Year:** \_\_\_\_\_ **Make:** \_\_\_\_\_ **Model:** \_\_\_\_\_ **Color:** \_\_\_\_\_

**License Plate** (if known): \_\_\_\_\_

**Is the respondent known to carry a weapon?**  Yes  No **If yes, What type:** \_\_\_\_\_

### ADDITIONAL INFORMATION

*Please provide any additional information that may assist law enforcement in locating the Respondent*

### COUNTY OF SERVICE

Hernando  Hillsborough  Pasco  Pinellas  Polk  Other: \_\_\_\_\_

IN THE CIRCUIT COURT OF THE SIXTH JUDICIAL CIRCUIT  
OF THE STATE OF FLORIDA IN AND FOR PINELLAS/PASCO COUNTY  
CIRCUIT CIVIL NO: \_\_\_\_\_

IN RE:

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

and

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

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

I, \_\_\_\_\_, the Petitioner herein, have filed a Petition for Protection Against Domestic Violence Dating Violence Repeat Violence  Stalking/Cyberstalking,or Sexual 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: Please initial either Paragraph A or B below:**

\_\_\_\_\_ A. If the court does not issue a temporary injunction for protection, I request that a hearing be set and understand that notice of the hearing and 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 do **NOT** want a return hearing to be scheduled. 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 further understand that nothing herein affects my right to amend my petition. I have signed this waiver freely and voluntarily.

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

\_\_\_\_\_  
**Date**

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

**Mailing Address.** All parties shall notify the Clerk of the Court of any change in his or her mailing address within 10 days of the change. All Petitioners may submit and update confidential addresses at the Pasco Clerk of Court or contact the Florida Attorney General's Office Address Confidentiality Program.

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}*

## **INSTRUCTIONS FOR FLORIDA FAMILY LAW RULES OF PROCEDURE FORM 12.900(h), NOTICE OF RELATED CASES (11/13)**

### **When should this form be used?**

Florida Rule of Judicial Administration 2.545(d) requires the **petitioner** in a family law case to file with the court a notice of related cases, if any. Your circuit may also require this form to be filed even if there are no related cases. A case is considered related if

- it involves the same parties, children, or issues and is pending when the family law case is filed; or
- it affects the court's jurisdiction to proceed; or
- an order in the related case may conflict with an order on the same issues in the new case; or
- an order in the new case may conflict with an order in the earlier case.

This form is used to provide the required notice to the court.

This form should be typed or printed in black ink. It must be **filed** with the **clerk of the circuit court** with the initial pleading in the family law case.

### **What should I do next?**

A copy of the form must be served on the presiding judges, either the chief judge or the family law administrative judge, and all parties in the related cases. You should also keep a copy for your records. **Service** must be in accordance with Florida Rule of Judicial Administration 2.516.

### **Where can I look for more information?**

**Before proceeding, you should read "General Information for Self-Represented Litigants" found at the beginning of these forms.** The words that are in "**bold underline**" in these instructions are defined there. For further information, see Florida Rule of Judicial Administration 2.545(d).

### **Special notes . . .**

Remember, a person who is NOT an attorney is called a nonlawyer. If a nonlawyer helps you fill out these forms, that person must give you a copy of a **Disclosure from Nonlawyer**, Florida

Family Law Rules of Procedure Form 12.900(a), before he or she helps you. A nonlawyer helping you fill out these forms **must** also put his or her name, address, and telephone number on the bottom of the last page of every form he or she helps you complete.

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 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]

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

Fax 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 SIXTH JUDICIAL CIRCUIT,  
IN AND FOR PASCO/PINELLAS COUNTY, FLORIDA**

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

Case No.: \_\_\_\_\_  
Section: \_\_\_\_\_

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

**SUPPLEMENTAL INFORMATION REGARDING PARTIES**

The information provided in this form will assist the court and the Clerk of the Circuit Court in identification of related cases pursuant to Florida Rule of Judicial Administration 2.545.

**1. Petitioner's Information:**

- a. Full Legal Name: \_\_\_\_\_
- b. Previous Names: \_\_\_\_\_  
(Maiden names, previous married or legal names, aliases (AKA's))
- c. Date of Birth: \_\_\_\_\_ PID/SPN: \_\_\_\_\_
- d. Information on Children:
  - i. \_\_\_Petitioner does not have any minor children.
  - ii. \_\_\_Petitioner has a minor child(ren) **in common** with Respondent.  
(If you have checked this line, please complete page 2.)
  - iii. \_\_\_Petitioner has a minor child(ren) **NOT in common** with Respondent.  
(If you have checked this line, please complete page 3.)

**2. Respondent's Information:**

- a. Full Legal Name: \_\_\_\_\_
- b. Previous Names: \_\_\_\_\_  
(Maiden names, previous married or legal names, aliases (AKA's))
- c. Date of Birth: \_\_\_\_\_ PID/SPN: \_\_\_\_\_
- d. Information on Children:
  - i. \_\_\_Respondent does not have any minor children.
  - ii. \_\_\_Respondent has a minor child(ren) **in common** with Petitioner.  
(If you have checked this line, please complete page 2.)
  - iii. \_\_\_Respondent has a minor child(ren) **NOT in common** with Petitioner.  
(If you have checked this line, please complete page 3.)

Case Number:

Section:

3. **Minor Child(ren) In Common:** The number of minor children **In Common** is \_\_\_\_\_.

**Information about child #1:** Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Child's Full Legal Name: \_\_\_\_\_

Has the child's name ever been changed? \_\_\_ Yes \_\_\_ No

If yes, list the child's name before it was changed: \_\_\_\_\_

**Information about child #2:** Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Child's Full Legal Name: \_\_\_\_\_

Has the child's name ever been changed? \_\_\_ Yes \_\_\_ No

If yes, list the child's name before it was changed: \_\_\_\_\_

**Information about child #3:** Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Child's Full Legal Name: \_\_\_\_\_

Has the child's name ever been changed? \_\_\_ Yes \_\_\_ No

If yes, list the child's name before it was changed: \_\_\_\_\_

**Information about child #4:** Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Child's Full Legal Name: \_\_\_\_\_

Has the child's name ever been changed? \_\_\_ Yes \_\_\_ No

If yes, list the child's name before it was changed: \_\_\_\_\_

**Information about child #5:** Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Child's Full Legal Name: \_\_\_\_\_

Has the child's name ever been changed? \_\_\_ Yes \_\_\_ No

If yes, list the child's name before it was changed: \_\_\_\_\_

**Information about child #6:** Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Child's Full Legal Name: \_\_\_\_\_

Has the child's name ever been changed? \_\_\_ Yes \_\_\_ No

If yes, list the child's name before it was changed: \_\_\_\_\_

*If additional space is needed, please use another sheet of paper and attach it to this form.*

Case Number:

Section:

4. **Minor Child(ren) NOT In Common:** The number of minor children **NOT In Common** is \_\_\_\_\_.

**Information about child #1:** Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Child's Full Legal Name: \_\_\_\_\_

Has the child's name ever been changed? \_\_\_ Yes \_\_\_ No

If yes, list the child's name before it was changed: \_\_\_\_\_

This is the child of (*please check one*): \_\_\_\_\_ Petitioner \_\_\_\_\_ Respondent

**Information about child #2:** Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Child's Full Legal Name: \_\_\_\_\_

Has the child's name ever been changed? \_\_\_ Yes \_\_\_ No

If yes, list the child's name before it was changed: \_\_\_\_\_

This is the child of (*please check one*): \_\_\_\_\_ Petitioner \_\_\_\_\_ Respondent

**Information about child #3:** Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Child's Full Legal Name: \_\_\_\_\_

Has the child's name ever been changed? \_\_\_ Yes \_\_\_ No

If yes, list the child's name before it was changed: \_\_\_\_\_

This is the child of (*please check one*): \_\_\_\_\_ Petitioner \_\_\_\_\_ Respondent

**Information about child #4:** Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Child's Full Legal Name: \_\_\_\_\_

Has the child's name ever been changed? \_\_\_ Yes \_\_\_ No

If yes, list the child's name before it was changed: \_\_\_\_\_

This is the child of (*please check one*): \_\_\_\_\_ Petitioner \_\_\_\_\_ Respondent

**Information about child #5:** Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Child's Full Legal Name: \_\_\_\_\_

Has the child's name ever been changed? \_\_\_ Yes \_\_\_ No

If yes, list the child's name before it was changed: \_\_\_\_\_

This is the child of (*please check one*): \_\_\_\_\_ Petitioner \_\_\_\_\_ Respondent

**Information about child #6:** Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Child's Full Legal Name: \_\_\_\_\_

Has the child's name ever been changed? \_\_\_ Yes \_\_\_ No

If yes, list the child's name before it was changed: \_\_\_\_\_

This is the child of (*please check one*): \_\_\_\_\_ Petitioner \_\_\_\_\_ Respondent

*If additional space is needed, please use another sheet of paper and attach it to this form.*

Case Number:

Section:

5. The undersigned party acknowledges a continuing duty to inform the court of any cases in this or any other state that could affect the current proceeding.

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

\_\_\_\_\_  
Party's Signature

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

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-mail Address(es): \_\_\_\_\_

If a nonlawyer helped you fill out this form, he/she must fill in **ALL** the blanks below:

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} \_\_\_\_\_

# COURT INTAKE FORM

This information will be kept in a separate file from the cases that have been filed. To help us comply with Federal State Reporting requirements and to provide you the petitioner with community services options, please answer the following questions:

Date: \_\_\_\_\_ Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code \_\_\_\_\_

Do you elect to keep your address confidential?  Yes  No

Date of Birth: \_\_\_\_\_ Race:  Hispanic  Black  Asian  White  American Indian  Other

Referral Source: [circle one]

Law Enforcement      Victim Attorney      Family/Friend      State Attorney      Human Service Agency      Self

Children's Names:	SSN #	Date of Birth:	Child's Mother Name:	Child's Father Name:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

- |   |     |    |
|---|-----|----|
| 1. Are you married?   | Yes | No |
| 2. Have you lived at a shelter?   | Yes | No |
| 3. Did you complete High School or receive a GED?   | Yes | No |
| 4. Do you or another adult in your home need assistance reading?  | Yes | No |
| 5. Do you receive AFDC?   | Yes | No |
| 6. Are you employed outside the home?   | Yes | No |
| 7. Do you have a restraining order now or have you had one in the past?   | Yes | No |
| 8. Do you receive disability benefits?  | Yes | No |
| 9. Is the incident alcohol or drug related?   | Yes | No |
| 10. Have you or anyone in your household ever been arrested for Domestic Violence?  | Yes | No |
| 11. Does anyone in your household or family hurt, harass, intimidate or threaten any other member of the household or family? | Yes | No |
| 12. Are you currently pregnant?   | Yes | No |
| 13. Do you need a place to stay temporarily until stable housing is found?  | Yes | No |

14. Please circle the items you have immediate needs for:  
Housing      Food      Child Care      Transportation      Counseling      Parenting Classes      Legal Assistance

- |  |     |    |
|--|-----|----|
| 15. May we have an outside agency or agencies contact you to assist you with these needs and services? | Yes | No |
| 16. May we have someone from the domestic violence center contact you?                                 | Yes | No |
| 17. Is it safe to contact you at the above listed number?  | Yes | No |

If no, how can we safely contact you? \_\_\_\_\_

Signature of Party: \_\_\_\_\_

Please list any other cases that are currently open or pending on the back of this form. Include any civil, probate, dependency, delinquency or criminal cases and the county they are in.