

****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 SIXTH JUDICIAL CIRCUIT
IN AND FOR PASCO 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 REPEAT 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.)

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

[Indicate if applicable]

_____ **Petitioner seeks an injunction for protection on behalf of a minor child.** Petitioner is the
parent or legal guardian of {full legal name} _____, a minor child
who is living at home.

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

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

SECTION II. RESPONDENT

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

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

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

2. Petitioner has known Respondent since: {date} _____

3. Respondent's last known place of employment: _____

Employment address: _____

Working hours: _____

4. Physical description of Respondent:

Race: _____ Sex: _____ Male _____ Female _____ Date of Birth: _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Distinguishing marks and/or scars: _____

Vehicle: (make/model) _____ Color: _____ Tag Number: _____

5. Other names Respondent goes by (aliases or nicknames): _____

6. Respondent's attorney's name, address, and telephone number is: _____

(If you do not know whether Respondent has an attorney, write "unknown." If Respondent does not have an attorney, write "none.")

SECTION III. CASE HISTORY AND REASON FOR SEEKING PETITION (This section must be completed.)

1. Has Petitioner ever received or tried to get an injunction for protection against domestic violence, repeat violence, dating violence, or sexual violence against Respondent in this or any other court?

_____ Yes _____ No If yes, what happened in that case? {include case number, if known}

2. Has Respondent ever received or tried to get an injunction for protection against domestic violence, repeat violence, dating violence, or sexual violence against Petitioner in this or any other court?

_____ Yes _____ No If yes, what happened in that case? {include case number, if known}

3. Describe any other court case that is either going on now or that happened in the past between Petitioner and Respondent {include case number, if known}:

4. Respondent has directed at least two incidents of violence, meaning assault, aggravated assault, battery, aggravated battery, sexual assault, sexual battery, stalking, aggravated stalking, kidnapping, or false imprisonment, or any criminal offense resulting in physical injury or death against Petitioner or a member of Petitioner's immediate family. One of these two incidents of violence has occurred within 6 months of the date of filing of this petition. The most recent incident (including date and location) is described below.

On {date}_____, at {location}_____

Respondent: _____

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

5. Other prior incidents (including dates and location) are described below:

On {date}_____, at {location}_____

Respondent: _____

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

6. Petitioner genuinely fears repeat violence by Respondent. Explain: _____

7. **Additional Information**

[Choose **all** that apply]

a. _____ Respondent owns, has, and/or is known to have guns or other weapons.

Describe weapon(s): _____

b. _____ This or prior acts of repeat violence have been previously reported to: {person or agency}

SECTION IV. INJUNCTION (This section must be completed.)

1. _____ Petitioner asks the Court to enter a TEMPORARY INJUNCTION for protection against repeat violence that will be in place from now until the scheduled hearing in this matter.

2. _____ Petitioner asks the Court to enter, after a hearing has been held on this petition, a final judgment of injunction prohibiting Respondent from committing any acts of violence against Petitioner **and**:

a. prohibiting Respondent from going to or within 500 feet of any place Petitioner lives;

b. prohibiting Respondent from going to or within 500 feet of Petitioner's place(s) of employment or the school that Petitioner attends; the address of Petitioner's place(s) of employment and/or school is: _____;

c. prohibiting Respondent from contacting Petitioner by telephone, mail, by e-mail, in writing, through another person, or in any other manner;

d. ordering Respondent not to use or possess any guns or firearms;

[Indicate **all** that apply]

e. _____ prohibiting Respondent from going to or within 500 feet of the following place(s) Petitioner or Petitioner's immediate family must go to often: _____

f. _____ prohibiting Respondent from knowingly and intentionally going to or within 100 feet of Petitioner's motor vehicle; and any other terms the Court deems necessary for the safety of Petitioner and Petitioner's immediate family.

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

I UNDERSTAND THAT I AM SWEARING OR AFFIRMING UNDER OATH TO THE TRUTHFULNESS OF THE CLAIMS MADE IN THIS PETITION AND THAT THE PUNISHMENT FOR KNOWINGLY MAKING A FALSE STATEMENT INCLUDES FINES AND/OR IMPRISONMENT.

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



Case Number: _____

The fields in **BOLD** are required by the Florida Department of Law Enforcement and the FBI for injunctions to be included in State and National databases. Without this information, the injunction may not be able to be served because the correct identity of the respondent may not be able to be confirmed. Also, without necessary information, it may not be able to be entered and therefore not recognized throughout the USA. Please fill out the form completely.

PETITIONER'S INFORMATION

Name: _____ **Race:** _____ **Sex:** _____ **DOB:** _____
First Middle Last

Address: _____
Street

City Zip Code

Phone #: _____

How do you know the respondent? _____

Have you ever lived with the respondent? ☐ Yes ☐ No

Is an interpreter needed? ☐ Yes ☐ No **If so, which language and for whom?**

ON BEHALF OF (OBO) INFORMATION

Name: _____ **Race:** _____ **Sex:** _____ **DOB:** _____
First Middle Last

2nd OBO

Name: _____ **Race:** _____ **Sex:** _____ **DOB:** _____
First Middle Last

3rd OBO

Name: _____ **Race:** _____ **Sex:** _____ **DOB:** _____
First Middle Last

RESPONDENT'S INFORMATION

Name: _____ **Race:** _____ **Sex:** _____ **DOB:** _____
First Middle Last

Height: _____ **Weight:** _____ **Hair Color:** _____ **Eye Color:** _____



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 SIXTH JUDICIAL CIRCUIT
IN AND FOR PASCO COUNTY, FLORIDA

Petitioner
VS.

Respondent

Case #: _____
Section: _____

MOTION FOR CONFIDENTIAL FILING OF ADDRESS

I, {full legal name} _____,
Petitioner in the above styled action for a Temporary Injunction for Protection Against
_____ Violence, motion the Court to 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 to Respondent for safety reasons.

Dated: _____

Signature of Petitioner

ORDER FOR CONFIDENTIAL FILING OF ADDRESS

The above mentioned motion is hereby

- ☐ DENIED
☐ Reason:

_____.

GRANTED Dated this _____ day of

_____, _____.

CIRCUIT JUDGE

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

☐ Custody

☐ Child Support

☐ Juvenile Dependency

☐ Termination of Parental Rights

☐ Domestic/Sexual/Dating/Repeat

Violence or Stalking Injunctions

☐ Paternity

☐ Adoption

☐ Modification/Enforcement/Contempt Proceedings

☐ Juvenile Delinquency

☐ Criminal

☐ Mental Health

☐ 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: _____

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} _____.

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.