

## **\*\*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.



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

Salvation Army Domestic Violence  
Lindsey McCrary  
1461 South Railroad Ave  
Chipley, FL 32428  
850-415-5999

Washington County Sheriff Department  
Katrina Carswell  
Victim Advocate  
1293 Jackson Avenue, Bldg 400  
Chipley, FL 32428  
850-638-6033

**INSTRUCTIONS FOR FLORIDA SUPREME COURT APPROVED FAMILY LAW FORM  
12.980(f), PETITION FOR INJUNCTION FOR  
PROTECTION AGAINST REPEAT VIOLENCE (06/12)**

**When should this form be used?**

If you, or a member of your immediate family, are a victim of **repeat violence**, you can use this form to ask the court for a protective order prohibiting repeat violence. Repeat violence means that **two** incidents of violence have been committed against you or a member of your immediate family by another person, **one of which must have been within 6 months of filing this petition**. Repeat violence includes 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. Because you are making a request to the court, you are called the **petitioner**. The person whom you are asking the court to protect you from is called the **respondent**. If you are under the age of eighteen and have never been married or had the disabilities of nonage removed by a court, one of your parents or your legal guardian must sign this petition on your behalf.

The parent or legal guardian of any minor child *who is living at home* may seek an injunction for protection against repeat violence on behalf of the minor child. With respect to a minor child who is living at home, the parent or legal guardian must have been an eyewitness to, or have direct physical evidence or **affidavits** from eyewitnesses of, the specific facts and circumstances that form the basis of the petition.

If the respondent is your **spouse**, former spouse, related to you by blood or marriage, living with you now or has lived with you in the past (if you are or were living as a family), or the other parent of your child(ren), whether or not you have ever been married or ever lived together, you should use **Petition for Injunction for Protection Against Domestic Violence**, Florida Supreme Court Approved Family Law Form 12.980(a), rather than this form.

This form should be typed or printed in black ink. You should complete this form (giving as much detail as possible) and sign it in the presence of a notary or in front of the **clerk of the circuit court** in the county where you live. The clerk will take your completed petition to a **judge**. You should keep a copy for your records. If you have any questions or need assistance completing this form, the clerk or **family law intake staff** will help you.

**What should I do if the judge grants my petition?**

If the facts contained in your petition convince the judge that you or a member of your immediate family are a victim of repeat violence and that an **immediate and present danger of repeat violence** to you or your family exists, the judge will sign a **Temporary Injunction for Protection Against Repeat Violence**, Florida Supreme Court Approved Family Law Form 12.980(k). A temporary injunction is issued without notice to the respondent. The clerk will give your **petition**, the temporary injunction, and any other papers filed with your petition to the sheriff or other law enforcement officer for **personal service** on the respondent. The temporary injunction will take effect immediately after the respondent is served with a copy of it. It lasts until a full **hearing** can be held or for a period of 15 days, whichever comes first. The court may extend the temporary injunction beyond 15 days for a good reason, which may include failure to obtain **service** on the respondent.

The temporary injunction is issued **ex parte**. This means that the judge has considered only the information presented by one side--YOU. Section I of the temporary injunction gives a date that you should appear in court for a hearing. You will be expected to testify about the facts in your petition. The

respondent will be given the opportunity to testify at this hearing, also. At the hearing, the judge will decide whether to issue a **Final Judgment of Injunction for Protection Against Repeat Violence (After Notice)**, Florida Supreme Court Approved Family Law Form 12.980(l), which will remain in effect for a specific time period or until modified or dissolved by the court. **If you and/or the respondent do not appear, the temporary injunction may be continued in force, extended, or dismissed, and/or additional orders may be granted, including entry of a permanent injunction and the imposition of court costs. You and respondent will be bound by the terms of any injunction or order issued at the final hearing.**

**IF EITHER YOU OR RESPONDENT DOES NOT APPEAR AT THE FINAL HEARING, YOU WILL BOTH BE BOUND BY THE TERMS OF ANY INJUNCTION OR ORDER ISSUED IN THIS MATTER.**

If the judge signs a temporary or final injunction, the clerk will provide you with the necessary copies. **Make sure that you keep one certified copy of the injunction with you at all times!**

**What can I do if the judge denies my petition?**

If your petition is denied on the grounds that it appears to the court that no immediate and present danger of repeat violence exists, the court will set a full hearing on your petition. The respondent will be notified by **personal service** of your petition and the hearing. If your petition is denied, you may: amend your petition by filing a **Supplemental Affidavit in Support of Petition for Injunction for Protection**, Florida Supreme Court Approved Family Law Form 12.980 (g); attend the hearing and present facts that support your petition; and/or dismiss your petition.

**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** are defined in that section. The clerk of the circuit court or **family law intake staff** will help you complete any necessary forms. For further information, see Section 784.046, Florida Statutes, and Rule 12.610, Florida Family Law Rules of Procedure.

**EXPLANATION OF DECLINATION OF FINAL HEARING  
WHERE EX PARTE HAS BEEN DENIED**

When a person seeks an Order For Protection Against Domestic Violence the petition is presented to a judge for review. After reviewing the petition the judge has three options available.

The first option is to grant the request and issue a Temporary Order For Protection Against Domestic Violence. If the judge chooses this option the Temporary Order will inform the other party that they cannot have any contact with the Petitioner until a Final Hearing is held on the matter. The date for the Final Hearing will be included within the Temporary Order. Also, usually the Temporary Order will give one of the parties, usually the Petitioner, temporary exclusive use of the marital home until the Final Hearing. When the judge chooses the option to issue a Temporary Order it will then be served on the Respondent.

The second option is to deny the request, giving written reasons for doing so. If this option is chosen the Petitioner will receive a copy of the denial but the Respondent will not be served with a copy of either the Petition filed or the denial. This does not mean that the Respondent can never get a copy of

the Petition or the denial since they are public records, but the Sheriff's Office will not serve a copy of either on the Respondent.

The third option is for the judge to enter an order scheduling a hearing on the facts in the petition without issuing a Temporary Order For Protection. If the judge chooses this option a copy of the Petition and the order scheduling the hearing will be served upon the Respondent. Also if the judge chooses this option no order will be entered keeping the Respondent from having contact with the Petitioner nor will the judge enter an order granting either party temporary exclusive use and possession of the marital home until the final hearing.

In the past, some Petitioners have said that if the judge is going to choose the third option, scheduling a hearing without granting a temporary order, they would prefer to waive, or give up, their right to this final hearing and just have the judge dismiss their request. This feeling has been based upon, among other things, the Petitioner feeling if the Respondent is served with a copy of the Petition and a Notice of Final Hearing but no Temporary Order For Protection the situation at home will be further aggravated.

In the event you do not want to assert your right to have a hearing with no temporary order issued, the Clerk is required to provide you with a Declination Of Final Hearing Where Ex Parte Has Been Denied for you to sign. Your signing this Declination of Final Hearing form will not influence the judge in his/her review of the facts within the petition but will only tell the judge that if a Temporary Order is not going to be entered you do not want to go any further with the petition. If you want a hearing should the judge choose the third option then let the Clerk know that you do not want to sign the Declination Of Final Hearing.

IN THE CIRCUIT COURT OF THE 14TH JUDICIAL CIRCUIT,  
IN AND FOR WASHINGTON 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 \_\_\_\_\_

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\_\_\_\_\_ 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;

[Choose 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 often: \_\_\_\_\_

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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.

**DECLINATION OF FINAL HEARING WHERE EX-PARTE HAS BEEN DENIED**

(Initial next to your choice)

1. \_\_\_\_\_ I understand that I am entitled to a full hearing before a judge on my petition for protection against domestic/repeat/sexual violence and I DO NOT waive my right to a final hearing.
2. \_\_\_\_\_ If my petition is denied, I do not believe it will be in my best interest to have a final hearing. I hereby give up my right to the final hearing and request that the cause be dismissed at that time, and no service of the petition be made on the Respondent.

**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 \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF WASHINGTON

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

**PROTECTIVE INJUNCTION WORKSHEET**  
**\*\*\*TO BE FILLED OUT COMPLETELY BY PETITIONER\*\*\***

Case #: \_\_\_\_\_

**PETITIONER INFORMATION**

Name: \_\_\_\_\_ First \_\_\_\_\_ Last \_\_\_\_\_ (Middle Name, If Applicable)  
DOB: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Physical Address: \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Subdivision: \_\_\_\_\_ Is the Petitioner a minor? Yes \_\_\_\_\_ NO \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Other Phone #: \_\_\_\_\_

Directions to Respondent's House: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RESPONDENT INFORMATION**

Name: \_\_\_\_\_ First \_\_\_\_\_ Last \_\_\_\_\_ (Middle Name, If Applicable)  
DOB: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Physical Address: \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Subdivision: \_\_\_\_\_ Home Phone # \_\_\_\_\_ Other Phone #: \_\_\_\_\_

Directions to Respondent's House: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any dogs or weapons at Respondent's House: \_\_\_\_\_

PHYSICAL DESCRIPTION: HGT \_\_\_\_\_ WT \_\_\_\_\_ Eye Color \_\_\_\_\_  
Complexion \_\_\_\_\_ Build \_\_\_\_\_ Is the Respondent a Minor: \_\_\_\_\_

Photo Attached: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Hair: \_\_\_\_\_

Other (Tattoos, Scars, etc): \_\_\_\_\_

Respondent's Employer: \_\_\_\_\_

Respondent's Work Address: \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone #: \_\_\_\_\_ Hours: \_\_\_\_\_

IS RESPONDENT CURRENTLY IN JAIL? \_\_\_\_\_

Description of Respondent's vehicle:

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Tag: \_\_\_\_\_

If Respondent cannot be located at home or place of employment, can you suggest other locations?  
(Relatives, Friends, Addresses, Hangout):

## PROCESS SERVICE MEMORANDUM

CASE NO: \_\_\_\_\_

\_\_\_\_\_ AND \_\_\_\_\_  
PETITIONER RESPONDENT

TO: (X) Sheriff of \_\_\_\_\_ County, Florida;  
Civil Division via \_\_\_\_\_  
Please serve the *{name of document(s)}* \_\_\_\_\_

in the above-styled cause upon:

Respondent: *{full legal name}* \_\_\_\_\_  
Address or location for service: \_\_\_\_\_

Respondent's last known place of employment: \_\_\_\_\_

Employment address: \_\_\_\_\_

Working hours: \_\_\_\_\_

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: \_\_\_\_\_

Other names Respondent goes by (aliases or nicknames): \_\_\_\_\_

If the party to be served owns, has, and/or is known to have guns or other weapons, describe what type of weapon(s): \_\_\_\_\_

SPECIAL INSTRUCTIONS: \_\_\_\_\_

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

Deputy Clerk  
Washington County Clerk of Court  
Domestic Violence Division  
P.O Box 647  
1331 South Blvd, Chipley, FL 32428  
850-638-6285 xt 227  
850-638-6288 (fax)

IN THE CIRCUIT COURT OF THE FOURTEENTH JUDICIAL CIRCUIT  
OF THE STATE OF FLORIDA IN AND FOR WASHINGTON COUNTY  
CIRCUIT CIVIL NO: \_\_\_\_\_

IN RE:

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Petitioner

and

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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.

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Signature of Petitioner

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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 Washington Clerk of Court or contact the Florida Attorney General's Office Address Confidentiality Program.

## 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: \_\_\_\_\_

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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.

INSTRUCTIONS FOR FLORIDA SUPREME COURT APPROVED FAMILY LAW  
FORM 12.980(h)  
REQUEST FOR CONFIDENTIAL FILING OF ADDRESS (03/15)

When should this form be used?

If you fear that disclosing your address would put you in danger because you are the victim of sexual battery, aggravated child abuse, stalking, aggravated stalking, harassment, aggravated battery, or domestic violence, you should complete this form and file it with the clerk of the circuit court.

This form should be typed or printed in black ink. After completing this form, you should file the original with the clerk of the circuit court in the county where your petition was filed and keep a copy for your records.

IMPORTANT INFORMATION REGARDING E-FILING

The Florida Rules of Judicial Administration now require that all petitions, pleadings, and documents be filed electronically except in certain circumstances. Self-represented litigants may file petitions or other pleadings or documents electronically; however, they are not required to do so. If you choose to file your pleadings or other documents electronically, you must do so in accordance with Florida Rule of Judicial Administration 2.525, and you must follow the procedures of the judicial circuit in which you file. The rules and procedures should be carefully read and followed.

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 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 12.928, COVER SHEET FOR FAMILY COURT CASES (11/13)

### When should this form be used?

The Cover Sheet for Family Court Cases and the information contained in it neither replace nor supplement the filing and service of pleadings or other documents as required by law. This form shall be filed by the petitioner/party opening or reopening a case for the use of the clerk of the circuit court for the purpose of reporting judicial workload data pursuant to Florida Statutes section 25.075.

This form should be typed or printed in black ink. The petitioner must file this cover sheet with the first pleading or motion filed to open or reopen a case in all domestic and juvenile cases.

### What should I do next?

Follow these instructions for completing the form:

- I. Case Style. Enter the name of the court, the appropriate case number assigned at the time of filing of the original petition, the name of the judge assigned (if applicable), and the name (last, first, middle initial) of the petitioner(s) and respondent(s).
- 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.
  - (A) Initial Action/Petition
  - (B) Reopening Case. If you check "Reopening Case," indicate whether you are filing a modification or supplemental petition or an action for enforcement by placing a check beside the appropriate action/petition.
    1. Modification/Supplemental Petition
    2. Motion for Civil Contempt/ Enforcement
    3. Other- All reopening actions not involving modification/supplemental petitions or petition enforcement.
- III. Type of Case. Place a check beside the appropriate case. If the case fits more than one category, select the most definitive. Definitions of the categories are provided below.
  - (A) Simplified Dissolution of Marriage- petitions for the termination of marriage pursuant to Florida Family Law Rule of Procedure 12.105.
  - (B) Dissolution of Marriage - petitions for the termination of marriage pursuant to Chapter 61, Florida Statutes, other than simplified dissolution.
  - (C) Domestic Violence - all matters relating to injunctions for protection against domestic violence pursuant to section 741.30, Florida Statutes.

- (D) Dating Violence - all matters relating to injunctions for protection against dating violence pursuant to section 784.046, Florida Statutes.
- (E) Repeat Violence - all matters relating to injunctions for protection against repeat violence pursuant to section 784.046, Florida Statutes.
- (F) Sexual Violence - all matters relating to injunctions for protection against sexual violence pursuant to section 784.046, Florida Statutes.
- (G) Stalking-all matters relating to injunctions for protection against stalking pursuant to section 784.0485, Florida Statutes
- (H) Support - IV-D - all matters relating to child or spousal support in which an application for assistance has been filed with the Department of Revenue, Child Support Enforcement under Title IV-D, Social Security Act, except for such matters relating to dissolution of marriage petitions (sections 409.2564, 409.2571, and 409.2597, Florida Statutes), paternity, or UIFSA.
- (I) Support-Non IV-D - all matters relating to child or spousal support in which an application for assistance has **not** been filed under Title IV-D, Social Security Act.
- (J) UIFSA- N-D - all matters relating to Chapter 88, Florida Statutes, in which an application for assistance has been filed under Title IV-D, Social Security Act.
- (K) UIFSA - Non IV-D - all matters relating to Chapter 88, Florida Statutes, in which an application for assistance has **not** been filed under Title IV-D, Social Security Act.
- (L) Other Family Court- all matters involving time-sharing and/or parenting plans relating to minor child(ren), support unconnected with dissolution of marriage, annulment, delayed birth certificates pursuant to Florida Statutes section 382.0195, expedited affirmation of parental status pursuant to Florida Statutes section 742.16, termination of parental rights proceedings pursuant to Florida Statutes section 63.087, declaratory judgment actions related to premarital, marital, post-marital agreements, or other matters not included in the categories above.
- (M) Adoption Arising Out Of Chapter 63 - all matters relating to adoption pursuant to Chapter 63, Florida Statutes, excluding any matters arising out of Chapter 39, Florida Statutes.
- (N) Name Change - all matters relating to name change, pursuant to section 68.07, Florida Statutes.
- (O) Paternity/Disestablishment of Paternity - all matters relating to paternity pursuant to Chapter 742, Florida Statutes.
- (P) Juvenile Delinquency - all matters relating to juvenile delinquency pursuant to Chapter 985, Florida Statutes.
- (Q) Petition for Dependency - all matters relating to petitions for dependency.
- (R) Shelter Petition - all matters relating to shelter petitions pursuant to Chapter 39, Florida Statutes.
- (S) Termination of Parental Rights Arising Out Of Chapter 39 - all matters relating to termination of parental rights pursuant to Chapter 39, Florida Statutes.
- (T) Adoption Arising Out Of Chapter 39 - all matters relating to adoption pursuant to Chapter 39, Florida Statutes.
- (U) CINS/FINS - all matters relating to children in need of services (and families in need of services) pursuant to Chapter 984, Florida Statutes.

**ATTORNEY OR PARTY SIGNATURE.** Sign the Cover Sheet for Family Court Cases. Print legibly the name of the person signing the Cover Sheet for Family Court Cases. Attorneys must include a Florida Bar number. Insert the date the Cover Sheet for Family Court Cases is signed. Signature is a certification that filer has provided accurate information on the Cover Sheet for Family Court Cases.

**Nonlawyer** 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 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 also must 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.

**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. For further information, see Rule 12.100, Florida Family Law Rules of Procedure.

## 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

**M.** Rule of Judicial Administration 2545(d) requires that a Notice of Related Cases Form, Family Law Form 12900(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 12900(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 12900(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 \_\_\_\_\_

Attorney or party

FL Bar No.: \_\_\_\_\_

(Bar number, if attorney)

\_\_\_\_\_ (Type or print name)

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

\_\_\_\_\_ Date

IF A NONLAWYER HELPED YOU FILLOUT 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} \_\_\_\_\_

## 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]

- |  |  |
|--|--|
| <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, Fourteenth Circuit Court, Washington County, Florida*): \_\_\_\_\_

Title of last Court Order/Judgment (if any): \_\_\_\_\_

Date of Court Order/Judgment (if any): \_\_\_\_\_

Relationship of cases check **all** that apply]:

- pending case involves same parties, children, or issues;  
 may affect court's jurisdiction;  
 order in related case may conflict with an order in this case;  
 order in this case may conflict with previous order in related case.

Statement as to the relationship of the cases: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Related Case No. 2**

Case Name(s): \_\_\_\_\_

Petitioner \_\_\_\_\_

Respondent \_\_\_\_\_

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

Type of Proceeding: [check all that apply]

- |   |  |
|---|--|
| <input type="checkbox"/> Dissolution of Marriage  | <input type="checkbox"/> Paternity                                     |
| <input type="checkbox"/> Custody  | <input type="checkbox"/> Adoption                                      |
| <input type="checkbox"/> Child Support  | <input type="checkbox"/> Modification/Enforcement/Contempt Proceedings |
| <input type="checkbox"/> Juvenile Dependency  | <input type="checkbox"/> Juvenile Delinquency                          |
| <input type="checkbox"/> Termination of Parental Rights                                 | <input type="checkbox"/> Criminal                                      |
| <input type="checkbox"/> Domestic/Sexual/Dating/Repeat 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, Fourteenth Circuit Court, Washington 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 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, Fourteenth Circuit Court, Washington 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} \_\_\_\_\_