## \*\*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 332428 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(a), PETITION FOR INJUNCTION FOR PROTECTION AGAINST DOMESTIC VIOLENCE (03/15)

#### When should this form be used?

If you are a victim of any act of domestic violence or have reasonable cause to believe that you are in imminent danger of becoming a victim of domestic violence, you can use this form to ask the court for a protective order prohibiting domestic violence. Because you are making a request to the court, you are called the <u>petitioner</u>. The person whom you are asking the court to protect you from is called the <u>respondent</u>. Domestic violence includes: assault, aggravated assault, battery, aggravated battery, sexual assault, sexual battery, stalking, aggravated stalking, kidnapping, false imprisonment, or any other criminal offense resulting in physical injury or death to petitioner by any of petitioner's family or household members. In determining whether you have reasonable cause to believe you are in imminent danger of becoming a victim of domestic violence, the court must consider all relevant factors alleged in the petition, including, but not limited to the following:

- 1. The history between the petitioner and the respondent, including threats, harassment, stalking, and physical abuse.
- 2. Whether the respondent has attempted to harm the petitioner or family members or individuals closely associated with the petitioner.
- 3. Whether the respondent has threatened to conceal, kidnap, or harm the petitioner's child or children.
- 4. Whether the respondent has intentionally injured or killed a family pet.
- 5. Whether the respondent has used, or has threatened to use, against the petitioner any weapons such as guns or knives.
- 6. Whether the respondent has physically restrained the petitioner from leaving the home or calling law enforcement.
- 7. Whether the respondent has a criminal history involving violence or the threat of violence.
- 8. The existence of a verifiable order of protection issued previously or from another jurisdiction.
- Whether the respondent has destroyed personal property, including, but not limited to, telephones or other communications equipment, clothing, or other items belonging to the petitioner.
- 10. Whether the respondent engaged in any other behavior or conduct that leads the petitioner to have reasonable cause to believe that he or she is in imminent danger of becoming a victim of domestic violence.

The domestic violence laws only apply to your situation if the respondent is your <u>spouse</u>, 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. With the exception of persons who have a child in common, the family or household members must be currently residing together or have in the past resided together in the same single dwelling unit. If the respondent is not one of the above, you should look at Petition for Injunction for Protection Against Repeat Violence, Florida Supreme Court Approved Family Law Form 12.980(f), to determine if your situation will qualify for an injunction for protection against repeat violence, or Petition for Injunction for Protection Against Dating Violence, Florida Supreme Court Approved Family Law Form 12.980(n), to determine if your situation will qualify for an injunction for protection against dating violence, or Petition for Injunction for Protection Against Sexual Violence, Florida Supreme Court Approved Family Law Form 12.980(q), to determine if your situation will qualify for an injunction for protection against sexual violence.

If you are under the age of eighteen and you have never been married or had the disabilities of nonage removed by a court, then one of your parents, custodians, or your legal guardian must sign this petition with you.

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 front of a <u>notary public</u> or the <u>clerk of the circuit court</u> in the county where you live. The clerk will take your completed <u>petition</u> to a <u>judge</u>. You should keep a copy for your records. If you have any questions or need assistance completing this form, the clerk or <u>family law intake staff</u> 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 are a victim of domestic violence or that an imminent danger of domestic violence exists, the judge will sign either an immediate Temporary Injunction for Protection Against Domestic Violence with Minor Child(ren), Florida Supreme Court Approved Family Law Form 12.980(c)(1) or an immediate Temporary Injunction for Protection Against Domestic Violence without Minor Child(ren), Florida Supreme Court Approved Family Law Form 12.980(c)(2). 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 <u>ex parte</u>. This means that the judge has considered only the information presented by one side—YOU. The temporary injunction gives a date that you must appear in court for a hearing. At that 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 either a Final Judgment of Injunction for Protection Against Domestic

Violence with Minor Child(ren)(After Notice), Florida Supreme Court Approved Family Law Form 12.980(d)(1), or a Final Judgment of Injunction for Protection Against Domestic Violence without Minor Child(ren)(After Notice), Florida Supreme Court Approved Family Law Form 12.980(d)(2). Either of these final judgments will remain in effect for a specific time period or until modified or dissolved by the court. If either you or the respondent do not appear at the final hearing, 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 issued at the final hearing.

IF EITHER YOU OR RESPONDENT DO NOT APPEAR AT THE FINAL HEARING, YOU WILL BOTH BE BOUND BY THE TERMS OF ANY INJUNCTION 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 <u>certified copy</u> of the injunction with you at all times!

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

If your petition is denied solely on the grounds that it appears to the court that no imminent danger of domestic violence exists, the court will set a full hearing, at the earliest possible time, on your petition, unless you request that no hearing be set. The respondent will be notified by <u>personal service</u> 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 Against Domestic Violence, Repeat or Dating Violence, Florida 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 <u>bold underline</u> are defined in that section. The clerk of the circuit court or family law intake staff will help you complete any necessary domestic violence forms and can give you information about local domestic violence victim assistance programs, shelters, and other related services. You may also call the Domestic Violence Hotline at 1-800-500-1119. For further information, see Chapter 741, Florida Statutes, and Rule 12.610, Florida Family Law Rules of Procedure.

#### 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.

#### IMPORTANT INFORMATION REGARDING E-SERVICE ELECTION

After the initial service of process of the petition or supplemental petition by the Sheriff or certified process server, the Florida Rules of Judicial Administration now require that all documents required or permitted to be served on the other party must be served by electronic mail (e-mail) except in certain circumstances. You must strictly comply with the format requirements set forth in the Rules of Judicial Administration.

**SELF-REPRESENTED LITIGANTS MAY SERVE DOCUMENTS BY E-MAIL; HOWEVER, THEY ARE NOT REQUIRED TO DO SO.** If a self-represented litigant elects to serve and receive documents by e-mail, the procedures must always be followed once the initial election is made.

To serve and receive documents by e-mail, you must designate your e-mail addresses by using the **Designation of Current Mailing and E-mail Address**, Florida Supreme Court Approved Family Law Form 12.915, and you must provide your e-mail address on each form on which your signature appears. Please **CAREFULLY** read the rules and instructions for: **Certificate of Service (General)**, Florida Supreme Court Approved Family Law Form 12.914; **Designation of Current Mailing and E-mail Address**, Florida Supreme Court Approved Family Law Form 12.915; and Florida Rule of Judicial Administration 2.516

#### Special notes...

With this form you may also need to file the following:

- Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA) Affidavit, Florida Supreme
  Court Approved Family Law Form 12.902(d), must be completed and filed if you are asking the
  court to determine issues with regard to your parenting plan or time-sharing for a minor
  child(ren).
- Parenting plan means a document created to govern the relationship between the parents relating to the decisions that must be made regarding the minor child(ren) and must contain a time-sharing schedule for the parents and child(ren). The issues concerning the minor child(ren) may include, but are not limited to, the child(ren)'s education, health care, and physical, social, and emotional well-being. In creating the plan, all circumstances between the parents, including their historic relationship, domestic violence, and other factors must be taken into

consideration. The Parenting Plan shall be developed and agreed to by the parents and approved by a court, or, established by the court, with or without the use of a court-ordered parenting plan recommendation. If the parents cannot agree, or if the parents agreed to a plan that is not approved by the court, a Parenting Plan shall established by the court. "Time-sharing schedule" means a timetable that must be included in the Parenting Plan that specifies the time, including overnights and holidays, that a minor child will spend with each parent. If developed and agreed to by the parents of a minor child, it must be approved by the court. If the parents cannot agree, of if their agreed-upon schedule is not approved by the court, the schedule shall be established by the court.

- Notice of Social Security Number, Florida Supreme Court Approved Family Law Form 12.902(j), must be completed and filed if you are asking the court to determine issues of temporary child support.
- Family Law Financial Affidavit, Florida Family Law Rules of Procedure Form 12.902(b) or (c), must be completed and filed if you are seeking temporary alimony or temporary child support.
- 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.

Additionally, if you fear that disclosing your address to the respondent would put you in danger, you should complete a Request for Confidential Filing of Address, Florida Supreme Court Approved Family Law Form 12.980(h), and file it with the clerk of the circuit court and write confidential in the space provided on the petition.

## 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 FOURTEENTH JUDICIAL CIRCUIT, IN AND FOR WASHINGTON COUNTY, FLORIDA

		Case No.:
		Division:
	Petitioner,	
	and	
	4174	
	·	
	Respondent.	•
		CTION FOR PROTECTION MESTIC VIOLENCE
1, (full l	egal name}	being sworn, certify that the
followi	ng statements are true:	
	provided on this form for your address and Petitioner's current address is: {street ad {city, state and zip code}	telephone number.)  dress}
	Telephone Number: {area code and number	ber}
	Physical description of Petitioner:  Race: Sex: Male Female	Date of Birth:
2.	Petitioner's attorney's name, address, an	d telephone number is:
	(If you do not have an attorney, write no	ne.)
SECTIO	ON II. RESPONDENT	
	ection is about the person you want to be	protected from. It must be completed.)
1.	Respondent's current address is: {street o	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:
	Working House
5.	Physical description of Respondent: This section must be completed.
٥.	Race: Sex: Male Female Date of Birth:
	Height: Hair Color: Hair Color:
	•
	Distinguishing marks or scars:
	venicle. (make/model) color rag 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.)
	not have an actomey, write none.
SECTIO	ON III. CASE HISTORY AND REASON FOR SEEKING PETITION (This section must be completed.)
1.	
	violence against Respondent in this or any other court?
	Yes No If yes, what happened in that case? {Include case number, if known}

	lence against Petitioner in this or any other court?  Yes No If yes, what happened in that case? {Include case number, if known}
inc	scribe any other court case that is either going on now or that happened in the past luding a dissolution of marriage, paternity action, or child support enforcement action tween Petitioner and Respondent {Include city, state, and case number, if known}:
in i all vio	titioner is either a victim of domestic violence or has reasonable cause to believe he or she is imminent danger of becoming a victim of domestic violence because respondent has: {mark sections that apply and describe in the spaces below the incidents of violence or threats of lence, specifying when and where they occurred, including, but not limited to, locations such a home, school, place of employment, or time-sharing exchange}
a.	committed or threatened to commit domestic violence defined in s. 741.28, Floridal 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 of household members must be currently residing or have in the past resided together in the same single dwelling unit.
b. c.	previously threatened, harassed, stalked, or physically abused the petitionerattempted 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. intentionally injured or killed a family pet.
e. f.	used, or has threatened to use, against the petitioner any weapons such as guns of 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 anothe
j.	jurisdiction (if known)destroyed personal property, including, but not limited to, telephones or othe
	communication equipment, clothing, or other items belonging to the petitioner.

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 she	ets if nece	essary.)	•			
On {date}		, at {loc	cation}	<u></u>		
Respondent:	•	w				
					<del>3</del>	
		·-··	<u> </u>	·····		
			· 		<del></del> . — <del>-</del> -	
			·		· · · · · · · · · · · · · · · · · · ·	
		· <del>-</del>		1	7.5	
						<del></del>
				· · · · · · · · · · · · · · · · · · ·		
-						
			·	·		
		<del> </del>				<del></del>
						<del></del>
			<del></del> -			
						<del></del>
		·				
	<del></del>					

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

5. Addi	tional Information
	{Indicate <b>all</b> that apply}
	aOther acts or threats of domestic violence as described on attached sheet.
	bThis or other acts of domestic violence have been previously reported to {person or agency}:
	c Respondent owns, has, and/or is known to have guns or other weapons.  Describe weapon(s):
	d Respondent has a drug problem.
	e Respondent has an alcohol problem.
	f Respondent has a history of mental health problems. If checked, answer the following, if known:
	Has Respondent ever been the subject of a Baker Act proceeding? Yes No Is Respondent supposed to take medication for mental health problems? Yes No
	If yes, is Respondent currently taking his/her medication? Yes No
you wa	N IV. TEMPORARY EXCLUSIVE USE AND POSSESSION OF HOME (Complete this section only if and the Court to grant you temporary exclusive use and possession of the home that you share e Respondent.)
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}
	bPetitioner cannot get another safe place to live because:
	cIf 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.
CHILD( plan, in parties third p child(re time-sl prohib comple	N. V. TEMPORARY PARENTING PLAN WITH TEMPORARY TIME-SHARING SCHEDULE FOR MINOR (Complete this section only if you are asking the court to provide a temporary parenting including a temporary time-sharing schedule with regard to, the minor child or children of the which might involve prohibiting or limiting time-sharing or requiring that it be supervised by a arry. You must be the natural parent, adoptive parent, or guardian by court order of the minor can). If you are asking the court to provide a temporary parenting plan, including a temporary naring schedule with regard to, the minor child or children of the parties which might involve iting or limiting time-sharing or requiring that it be supervised by a third party, you must also set and file a Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA) Affidavit, Floridatine Court Approved Family Law Form 12.902(d).)
marria includi reques	If the paternity of the minor child(ren) listed below has not been established through either ge or court order, the Court may deny a request to provide a temporary parenting plan, ng a temporary time-sharing schedule with regard to, the minor child or children, and/or a to for child support.  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
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} asaw the domestic violence described in this petition happen.
	bwere at the place where the domestic violence happened but did not see it.
	cwere not there when the domestic violence happened this time but have seen previous acts of domestic violence by Respondent.
	dhave not witnessed domestic violence by Respondent.

the second documents of the se	
	Temporary Parenting Plan and Temporary Time-Sharing Schedule
	{Indicate <b>all</b> that apply}
	a. Petitioner requests that the Court provide a temporary parenting plan, including
	temporary time-sharing schedule with regard to, the minor child or children of the parties, a follows:
	b. Petitioner requests that the Court order supervised exchange of the minor child(ren) exchange through a responsible person designated by the Court. The following person suggested as a responsible person for purposes of such exchange. {Explain}:
	c. Petitioner requests that the Court limit time-sharing by Respondent with the min
	child(ren). {Explain}:
	child(ren). {Explain}:  dPetitioner requests that the Court prohibit time-sharing by Respondent with the min
	child(ren). {Explain}:
	dPetitioner requests that the Court prohibit time-sharing by Respondent with the min child(ren) because Petitioner genuinely fears that Respondent imminently will abuse, remove,
	dPetitioner requests that the Court prohibit time-sharing by Respondent with the min child(ren) because Petitioner genuinely fears that Respondent imminently will abuse, remove, hide the minor child(ren) from Petitioner. {Explain}:
	dPetitioner requests that the Court prohibit time-sharing by Respondent with the minchild(ren) because Petitioner genuinely fears that Respondent imminently will abuse, remove,
	dPetitioner requests that the Court prohibit time-sharing by Respondent with the mir child(ren) because Petitioner genuinely fears that Respondent imminently will abuse, remove, hide the minor child(ren) from Petitioner. {Explain}:

SECTION VI. TEMPORARY SUPPORT (Complete this section only if you are seeking financial support

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: c. prohibiting Respondent from contacting Petitioner by mail, by telephone, through another

from the Respondent. You must also complete and file a Family Law Financial Affidavit, Florida Family

Florida Supreme Court Approved Family Law Form 12.980(a), Petition for Injunction for Protection Against Domestic Violence (03/15)

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} fprohibiting Respondent from going to or within 500 feet of the following place(s)
Petitioner or Petitioner's minor child(ren) must go often { Physical address must be listed}:
ggranting Petitioner temporary exclusive use and possession of the home Petitioner and Respondent share;
hgranting Petitioner on a temporary basis 100% of the time sharing with the parties' minor child(ren);
iestablishing a temporary parenting plan including a temporary time-sharing schedule for the parties' minor child(ren);
jgranting temporary alimony for Petitioner;
k. granting temporary child support for the minor child(ren);
Iordering 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.

### 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. \_\_\_\_\_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 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) 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

Florida Supreme Court Approved Family Law Form 12.980(a), Petition for Injunction for Protection Against Domestic Violence (03/15)

Type of identification produced \_\_\_\_\_

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

				Case #:	
	PETITIO	ONER INFORMA	TION		
Name:		<del></del>			·
202	First	Last	(Middle N	ame, If Appl	icable)
DOB:	Sex:	Race: _			
Mailing Address:					
J	Street	City	State		Zip
Physical Address:					
,	Street	City	State		Zip
Subdivision:		•	oner a minor?	Yes	NO
Home Phone #:		Other Phon		103	
Directions to Respo	ndent's House:				<del></del>
on ections to heapon	indent 3 House.				<del></del>
•	RESPO	NDENT INFORM	ATION		
Name:					
	First	Last	(Middle N	lame, If App	licable)
DOB:	Sex:	Race:		. • •	,
Mailing Address	-				
Mailing Address:	Stroot	City	Chaha		7in
	Street	City	State		Zip
Physical Address:					
	Street	City	State		Zip
Subdivision:	Home	Phone #	Other Pho	one#:	
Directions to Respon					
		- Harrar	· · · · · · · · · · · · · · · · · · ·		
List any dogs or wea	apons at Respondent'.	s House: WT	Eye Color	•	
HITSICAL DESCRIPT	Complexion	Build		pondent a N	/linor:
Photo Attached:	Sex:		Race:	Hair:	
Other (Tattoos, Scar				<del></del>	
Respondent's Emplo	· ———			<del> </del>	,
Respondent's Work				<del></del>	<del></del>
	Street	· · · · · · · · · · · · · · · · · · ·	City	State	Zip
Work Phone #:		Hours:			
IS RESPONDENT CU	RRENTLY IN JAIL?				
Description of Resp			•		
Year:	Make:	Model:	Color:		Tag:
If Doenondont con-	ot be located at home			ggest other	<u>-</u>

(Relatives, Friends, Addresses, Hangout):

#### PROCESS SERVICE MEMORANDUM

CASE	NO:			
		AND		
	PETITIONER		RESPONDENT	
TO:	(X) Sheriff of	Coı	unty, Florida;	
	Civil Division via			
	e serve the {name of document	nt(s)}		
	above-styled cause upon:			
Respo	ondent: {full legal name}			
Addre	ess or location for service:		<del></del>	
Respo	ondent's last known place of			
Empl	oyment address:			
Work	ing hours:			
Physi	cal description of Responder	nt:		
Race	: Sex: Male Female	e Date of Birt	th:	
Heigl	ht: Weight:	Eye Color:	Hair Color:	
Disti	nguishing marks or scars:			
Vehi	cle: (make/model)	Color:	Tag Number:	
Othe	r names Respondent goes by	(aliases or nickna	imes):	
If the	e party to be served owns, ha	s, and/or is known	n to have guns or other weapons, describe what type	e of
_	CIAL INSTRUCTIONS:	·		
				<del></del>
Date	d:	gas <sub>te</sub> den	Denuty Clark	

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:	
Petitioner	
and	
Respondent.	
PETITIONER'S WAIVER O	OR NON-WAIVER OF RETURN HEARING
ILITIONERS WAIVER	ATTOR-WAITVER OF RETORGATE ARGUNG
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 cas	e for hearing with notice to the Respondent, or
c.) Deny the temporary injunction and not set the c	ase for hearing
Petitioner: Please initial either Paragraph A or B	below:
A. If the court does not issue a temporary	y injunction for protection, I request that a hearing be set and understand
that notice of the hearing and copy of the Petition for	or Injunction will be provided to the Respondent.
OR	
	prary injunction for protection, I do NOT want a return hearing to be
<u></u>	served with a notice of hearing or a copy of the Petition for Injunction
· · ·	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 as	ffects 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 I 0 days of
	e 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:

Name: Name:  Name: Name: 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 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? 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 18. If no, how can we safely contact you?  Signature of Party:	Date:	Name:			Sex:	_ Phone #	<del></del>
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: 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 Aisbilliy 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? 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 Housing Food Child Care Transportation Counseling Parenting Classes Legal Assistance Parenting Line Services? Yes No 15. May we have someone from the domestic violence center contact you? Yes No 16. May we have someone from the domestic violence center contact you? Yes No 16. If no, how can we safely contact you?	Address:	a shelter?  Asserting order now or have you had one in the past?  your household or family hurt, harass, intimidate or threaten any or of the household or family?  you from the domestic violence center contact you?  Asserting or the American Indian or the past of the household or family?  As a shelter?  Yes No About 1 in your home need assistance reading?  Yes No About 1 in your home need assistance reading?  Yes No About 1 in your home need assistance reading?  Yes No About 1 in your home need assistance reading?  Yes No About 1 in your home or have you had one in the past?  Yes No About 1 in your household ever been arrested for Domestic Violence?  Yes No About 1 in your household or family hurt, harass, intimidate or threaten any or of the household or family?  Yes No About 1 in your household or family?  Yes No About 1 in your household or family?  Yes No About 1 in your household or family?  Yes No About 2 in mediate needs for: About 2 in mediate needs for: About 3 in your 4 in mediate needs for: About 5 in mediate needs for: About 6 in you have immediate needs for: About 6 in your 4 in mediate needs for: About 6 in your 6	<del>- ,</del>				
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: Name:    Child's Father Name: Nam	Do you elect to keep	your address confider	ntial? 🗌 Yes 🗌 No	o		. •	
Law Enforcement Victim Attorney Family/Friend State Attorney Human Service Agency Self Children's Names:  SSN # Date of Birth: Child's Mother Name:  Name:  Name:  Name:  1. Are you married? 2. Have you lived at a shelter? 3. Did you complete High School or receive a GED? 4. Do you or another adult in your home need assistance reading? 5. Do you receive AFDC? 6. Are you employed outside the home? 7. Do you have a restraining order now or have you had one in the past? 8. Do you receive disability benefits? 9. Is the incident alcohol or drug related? 10. Have you or anyone in your household ever been arrested for Domestic Violence? 11. Does anyone in your household or family hurt, harass, intimidate or threaten any any other member of the household or family hurt, harass, intimidate or threaten any of the member of the household or family? 12. Are you currently pregnant? 13. Do you need a place to stay temporarily until stable housing is found? 14. Please circle the items you have immediate needs for: Housing Food Child Care Transportation Counseling Parenting Classes Legal Assistance needs and services? 15. May we have an outside agency or agencies contact you to assist you with these needs and services? 16. May we have someone from the domestic violence center contact you?  17. Is it safe to contact you at the above listed number? 18. No 19. If no, how can we safely contact you?  Signature of Party:  19. Signature of Party:	Date of Birth:	Race: [	] Hispanic   Blac	ck 🗌 Asian 🗀	] White $\square$ Ame	rican Indian 🔲 C	Other
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 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? 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 18. If no, how can we safely contact you?			77 11 177 1	0	77 0		
Name: Name:  Name: Name: Name:  1. Are you married? 2. Have you lived at a shelter? 3. Did you complete High School or receive a GED? 4. Do you or another adult in your home need assistance reading? 5. Do you receive AFDC? 6. Are you employed outside the home? 7. Do you have a restraining order now or have you had one in the past? 8. Do you receive disability benefits? 9. Is the incident alcohol or drug related? 9. Is the incident alcohol or drug related? 9. Is the incident alcohol or drug related? 11. Does anyone in your household ever been arrested for Domestic Violence? 12. Are you currently pregnant? 13. Do you need a place to stay temporarily until stable housing is found? 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? 16. May we have someone from the domestic violence center contact you? 17. Is it safe to contact you at the above listed number? 18. Is it safe to contact you at the above listed number? 19. Signature of Party:  10. Are you can we safely contact you?  11. Signature of Party:  12. Are you can we safely contact you?  13. Signature of Party:  14. Please circle the items you have immediate needs for: Housing Food Child Care Transportation Counseling Parenting Classes Legal Assistance of Party:  15. No No No Can we safely contact you?  16. May we have someone from the domestic violence center contact you?  17. Is it safe to contact you at the above listed number?  18. Yes No  19. No No Can we safely contact you?  19. Signature of Party:	Law Enforcement	Victim Attorney	ramily/Friend	State Attorney	y Human Ser	vice Agency S	eir
1. Are you married? 2. Have you lived at a shelter? 3. Did you complete High School or receive a GED? 4. Do you or another adult in your home need assistance reading? 5. Do you receive AFDC? 6. Are you employed outside the home? 7. Do you have a restraining order now or have you had one in the past? 8. Do you receive disability benefits? 8. Do you receive disability benefits? 9. Is the incident alcohol or drug related? 9. Is the incident alcohol or drug related? Yes No 11. Does anyone in your household ever been arrested for Domestic Violence? Yes No 12. Are you currently pregnant? 13. Do you need a place to stay temporarily until stable housing is found? 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? 16. May we have someone from the domestic violence center contact you? 17. Is it safe to contact you at the above listed number? 18. Ves No 19. Is it safe to contact you at the above listed number? 19. Signature of Party:	Children's Names:			Name	;;		
1. Are you married? 2. Have you lived at a shelter? 3. Did you complete High School or receive a GED? 4. Do you or another adult in your home need assistance reading? 5. Do you receive AFDC? 6. Are you employed outside the home? 7. Do you have a restraining order now or have you had one in the past? 8. Do you have a restraining order now or have you had one in the past? 9. Is the incident alcohol or drug related? 9. In Does anyone in your household ever been arrested for Domestic Violence? 9. It have you or anyone in your household or family hurt, harass, intimidate or threaten any any other member of the household or family? 9. It have you currently pregnant? 9. Yes No 12. Are you currently pregnant? 13. Do you need a place to stay temporarily until stable housing is found? 14. Please circle the items you have immediate needs for: 15. May we have an outside agency or agencies contact you to assist you with these needs and services? 16. May we have an outside agency or agencies contact you to assist you with these needs and services? 17. Is it safe to contact you at the above listed number? 18. No 19. If no, how can we safely contact you?  19. Signature of Party:  10. Signature of Party:  10. Are you currently pregnant? 19. No 11. Is it safe to contact you at the above listed number? 19. No				· · · · · · · · · · · · · · · · · · ·	<u></u>		
1. Are you married? 2. Have you lived at a shelter? 3. Did you complete High School or receive a GED? 4. Do you or another adult in your home need assistance reading? 5. Do you receive AFDC? 6. Are you employed outside the home? 7. Do you have a restraining order now or have you had one in the past? 8. Do you receive disability benefits? 9. Is the incident alcohol or drug related? 9. Is the incident alcohol or drug related? 10. Have you or anyone in your household ever been arrested for Domestic Violence? 11. Does anyone in your household ever been arrested for Domestic Violence? 12. Are you currently pregnant? 13. Do you need a place to stay temporarily until stable housing is found? 14. Please circle the items you have immediate needs for: 15. May we have an outside agency or agencies contact you to assist you with these needs and services? 16. May we have an outside agency or agencies contact you to assist you with these needs and services? 17. Is it safe to contact you at the above listed number? 18. If no, how can we safely contact you?  19. Signature of Party:  10. Are you married? 19. Yes No 19. No 20. No 21. Are you currently pregnant? 22. Are you currently pregnant? 23. Do you need a place to stay temporarily until stable housing is found? 24. Please circle the items you have immediate needs for: 25. Housing Food Child Care Transportation Counseling Parenting Classes Legal Assistance of Party: 26. No 27. If no, how can we safely contact you? 28. No 29. No 29. No 29. No 20.	<u></u> _	-					
2. Have you lived at a shelter? 3. Did you complete High School or receive a GED? 4. Do you or another adult in your home need assistance reading? 5. Do you receive AFDC? 6. Are you employed outside the home? 7. Do you need restraining order now or have you had one in the past? 8. Do you receive disability benefits? 9. Is the incident alcohol or drug related? 10. Have you or anyone in your household ever been arrested for Domestic Violence? 11. Does anyone in your household or family hurt, harass, intimidate or threaten any any other member of the household or family? 12. Are you currently pregnant? 13. Do you need a place to stay temporarily until stable housing is found? 14. Please circle the items you have immediate needs for: 15. May we have an outside agency or agencies contact you to assist you with these needs and services? 16. May we have someone from the domestic violence center contact you? 17. Is it safe to contact you at the above listed number? 18. Ves No 19. If no, how can we safely contact you?  19. Signature of Party:  10. Have you invested a shelter?  10. Have you or anyone in your household or family hurt, harass, intimidate or threaten any any other member of the household or family?  19. Ves No 10. Have you or anyone in your household or family?  10. Yes No 11. Does anyone in your household or family hurt, harass, intimidate or threaten any any other member of the household or family?  19. No 10. Are you currently pregnant?  19. No 11. Does anyone in your household or family hurt, harass, intimidate or threaten any any other member of the household or family?  19. No 10. Are you or anyone in your household ever been arrested for Domestic Violence?  10. Yes No 11. No 12. Are you or anyone in your household or family hurt, harass, intimidate or threaten any any other member of the household or family hurt, harass, intimidate or threaten any any other member of the household or family hurt, harass, intimidate or threaten any any other member of the household or family hurt, harass, intimidate o							
3. Did you complete High School or receive a GED? 4. Do you or another adult in your home need assistance reading? 5. Do you receive AFDC? 6. Are you employed outside the home? 7. Do you have a restraining order now or have you had one in the past? 8. Do you receive disability benefits? 9. Is the incident alcohol or drug related? 9. Is the incident alcohol or drug related? 10. Have you or anyone in your household ever been arrested for Domestic Violence? 11. Does anyone in your household or family hurt, harass, intimidate or threaten any any other member of the household or family? 12. Are you currently pregnant? 13. Do you need a place to stay temporarily until stable housing is found? 14. Please circle the items you have immediate needs for: 15. May we have an outside agency or agencies contact you to assist you with these needs and services? 16. May we have an outside agency or agencies contact you to assist you with these needs and services? 17. Is it safe to contact you at the above listed number? 18. Ves No  19. If no, how can we safely contact you?  19. Signature of Party:  10. Signature of Party:  10. Yes No  11. Do you need a place to stay temporarily until stable housing is found?  12. Are you currently pregnant?  13. May we have an outside agency or agencies contact you to assist you with these needs and services?  15. May we have an outside agency or agencies contact you to assist you with these No  16. May we have someone from the domestic violence center contact you?  17. Is it safe to contact you at the above listed number?  18. No  19. Signature of Party:  19. No  19. Signature of Party:  20. No  21. Signature of Party:  22. No  23. No  24. Please circle the items you have immediate needs for:  24. Please circle the items you have immediate needs for:  25. No  26. No  27. No  28. No  29. No  29. No  20. No						=	
4. Do you or another adult in your home need assistance reading?  5. Do you receive AFDC?  6. Are you employed outside the home?  7. Do you have a restraining order now or have you had one in the past?  8. Do you receive disability benefits?  9. Is the incident alcohol or drug related?  9. Is the incident alcohol or drug related?  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 any other member of the household or family?  12. Are you currently pregnant?  13. Do you need a place to stay temporarily until stable housing is found?  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?  16. May we have someone from the domestic violence center contact you?  17. Is it safe to contact you at the above listed number?  18. Ves No  19. If no, how can we safely contact you?  19. Signature of Party:  10. Signature of Party:  10. Yes No  11. Signature of Party:  11. Signature of Party:  12. Yes No  13. No  14. Please circle the items you have immediate needs for:  Housing Food Child Care Transportation Counseling Parenting Classes Legal Assistance of No  19. No  10. No  11. Signature of Party:  11. Signature of Party:  12. Yes No  13. No  14. Please circle the items you have immediate needs for:  Housing Food Child Care Transportation Counseling Parenting Classes No  19. No	<ol> <li>Did you complete</li> </ol>	e High School or rece	ive a GED?				
5. Do you receive AFDC? 6. Are you employed outside the home? 7. Do you have a restraining order now or have you had one in the past? 8. Do you receive disability benefits? 8. Do you receive disability benefits? 9. Is the incident alcohol or drug related? 9. Is the incident alcohol or drug related? 10. Have you or anyone in your household ever been arrested for Domestic Violence? 11. Does anyone in your household or family hurt, harass, intimidate or threaten any any other member of the household or family? 12. Are you currently pregnant? 13. Do you need a place to stay temporarily until stable housing is found? 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? 16. May we have someone from the domestic violence center contact you? 17. Is it safe to contact you at the above listed number? 18. Ves No 19. If no, how can we safely contact you?  Signature of Party:  Yes No  Yes No  No  Signature of Party:  Yes No  Signature of Party:  Yes No  Yes No	4. Do you or anothe	r adult in your home	need assistance read	ing?	Yes	No	
6. Are you employed outside the home? 7. Do you have a restraining order now or have you had one in the past? 8. Do you receive disability benefits? 9. Is the incident alcohol or drug related? 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 any other member of the household or family? 12. Are you currently pregnant? 13. Do you need a place to stay temporarily until stable housing is found? 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? 16. May we have someone from the domestic violence center contact you? 17. Is it safe to contact you at the above listed number? 18. Ves No 19. If no, how can we safely contact you?  Signature of Party:  Yes No  Yes No  No  Signature of Party:  Yes No  Signature of Party:  Yes No  No  Yes No	5. Do you receive A	FDC?		-	Yes	No ·	
7. Do you have a restraining order now or have you had one in the past?  8. Do you receive disability benefits?  9. Is the incident alcohol or drug related?  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 any other member of the household or family?  12. Are you currently pregnant?  13. Do you need a place to stay temporarily until stable housing is found?  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?  16. May we have someone from the domestic violence center contact you?  17. Is it safe to contact you at the above listed number?  18. If no, how can we safely contact you?  19. Signature of Party:  10. Do you need a place to stay temporarily until stable housing is found?  19. Ves No  10. No  11. No  12. Are you currently pregnant?  13. Do you need a place to stay temporarily until stable housing is found?  19. Ves No  10. No  11. Is it safe to contact you at the above listed number?  11. Is it safe to contact you at the above listed number?  12. Ves No  13. 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?  16. May we have someone from the domestic violence center contact you?  17. Yes No  18. No  19. No	6. Are you employe	d outside the home?	•		Yes	No	
8. Do you receive disability benefits? 9. Is the incident alcohol or drug related? 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 any other member of the household or family? 12. Are you currently pregnant? 13. Do you need a place to stay temporarily until stable housing is found? 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? 16. May we have someone from the domestic violence center contact you? 17. Is it safe to contact you at the above listed number?  18. If no, how can we safely contact you?  19. Signature of Party:  19. Signature of Party:  10. Signature of Party:  10. Signature of Party:  10. Signature of Party:  11. Signature of Party:  12. Signature of Party:  13. Do you need a place to stay temporarily until stable housing is found?  15. No  16. Yes No  17. Ves No  18. No  19. Yes No  19. No  19. Signature of Party:  19. Signature of Party:  19. No  19. Signature of Party:  10. No  10. Signature of Party:  10. No  11. Signature of Party:  11. Signature of Party:  12. No  13. No  14. Please circle the items you have immediate needs for:  15. No  16. No  17. Signature of Party:  18. No  19. Signature of Party:  19. No  19. Signature of Party:  19. No  19. Signature of Party:  19. No  19	7. Do you have a re	straining order now o	r have you had one	in the past?	Yes	No	
9. Is the incident alcohol or drug related? 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 any other member of the household or family? 12. Are you currently pregnant? 13. Do you need a place to stay temporarily until stable housing is found? 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? 16. May we have someone from the domestic violence center contact you? 17. Is it safe to contact you at the above listed number?  18. If no, how can we safely contact you?  19. Signature of Party:  10. Signature of Party:  10. Household or family hurt, harass, intimidate or threaten any hour and the analysis intimidate or threaten any hour and the same harass, intimidate or threaten any hour and the same harass, intimidate or threaten any hour and the same harass, intimidate or threaten any hour any hour and same harass, intimidate or threaten any hour any harass, intimidate or threaten any hour any			•	•	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 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  18. If no, how can we safely contact you?  19. Signature of Party:					Yes	No	
11. Does anyone in your household or family hurt, harass, intimidate or threaten any any other member of the household or family?  12. Are you currently pregnant?  13. Do you need a place to stay temporarily until stable housing is found?  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?  16. May we have someone from the domestic violence center contact you?  17. Is it safe to contact you at the above listed number?  18. If no, how can we safely contact you?  19. Signature of Party:  10. Signature of Party:  10. Signature of Party:  10. Signature of Party:  11. Signature of Party:  12. Yes No	10. Have you or any	one in your househol	d ever been arrested	for Domestic Vi	iolence? Yes	· No	
any other member of the household or family?  12. Are you currently pregnant?  13. Do you need a place to stay temporarily until stable housing is found?  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?  16. May we have someone from the domestic violence center contact you?  17. Is it safe to contact you at the above listed number?  18. If no, how can we safely contact you?  19. Signature of Party:  19. No  19. Signature of Party:  19. No  19. Signature of Party:  10. No  11. Signature of Party:  10. No  11. Signature of Party:  12. No  13. No  14. Please circle the items you have immediate needs for:  14. Please circle the items you have immediate needs for:  15. No  16. No  17. No  18. No  19. No  1	11. Does anyone in	your household or far	nily hurt, harass, int	imidate or threate	en any		
12. Are you currently pregnant?  13. Do you need a place to stay temporarily until stable housing is found?  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?  16. May we have someone from the domestic violence center contact you?  17. Is it safe to contact you at the above listed number?  18. If no, how can we safely contact you?  19. Signature of Party:  19. No  19. Signature of Party:  19. No  19. Signature of Party:  10. No  10. No  11. Signature of Party:  11. Signature of Party:  12. No  13. No  14. Please circle the items you have immediate needs for: Someone	any other memb	er of the household or	r family?		Yes	, No	
13. Do you need a place to stay temporarily until stable housing is found?  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?  16. May we have someone from the domestic violence center contact you?  17. Is it safe to contact you at the above listed number?  18. If no, how can we safely contact you?  19. Signature of Party:  19. Signature of Party:  19. No  19. Signature of Party:  19. No  19. Signature of Party:  10. No  10. No  11. Signature of Party:  10. No  11. Signature of Party:  11. Signature of Party:  12. No  13. No  14. Please circle the items you have immediate needs for:  15. No  16. No  17. Signature of Party:  18. No  19. No			•		Yes	. No	
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?  16. May we have someone from the domestic violence center contact you?  17. Is it safe to contact you at the above listed number?  18. If no, how can we safely contact you?  19. Signature of Party:  10. Signature of Party:  10. Signature of Party:  10. Signature of Party:  10. Signature of Party:  11. Signature of Party:  12. Signature of Party:  13. Signature of Party:  14. Signature of Party:  15. May we have an outside agency or agencies contact you to assist you with these needs and services?  16. No  17. Ves  18. No  19. No	13. Do you need a p	dress:  you elect to keep your address confidential?  Yes  No  e of Birth:  Race:  Hispanic  Black  Asian  Whe  erral Source: [circle one]  v Enforcement  Victim Attorney  Family/Friend  State Attorney  ldren's Names:  SSN # Date of Birth:  Child's Me  Name:  Are you married?  Have you lived at a shelter?  Did you complete High School or receive a GED?  Do you or another adult in your home need assistance reading?  Do you receive AFDC?  Are you employed outside the home?  Do you have a restraining order now or have you had one in the past?  Do you receive disability benefits?  Is the incident alcohol or drug related?  Have you or anyone in your household ever been arrested for Domestic Violent  Does anyone in your household or family hurt, harass, intimidate or threaten an  any other member of the household or family?  Are you currently pregnant?  Do you need a place to stay temporarily until stable housing is found?  Please circle the items you have immediate needs for:  Housing Food Child Care Transportation Counseling Par  May we have an outside agency or agencies contact you to assist you with the needs and services?  May we have someone from the domestic violence center contact you?  Is it safe to contact you at the above listed number?  If no, how can we safely contact you?  If no, how can we safely contact you?	Yes	No			
15. May we have an outside agency or agencies contact you to assist you with these needs and services?  16. May we have someone from the domestic violence center contact you?  17. Is it safe to contact you at the above listed number?  18. If no, how can we safely contact you?  Signature of Party:  Signature of Party:			ediate needs for:	0 " -	D tine Class	an I amal Amint	tonoo
needs and services?  16. May we have someone from the domestic violence center contact you?  17. Is it safe to contact you at the above listed number?  18. If no, how can we safely contact you?  Signature of Party:  Signature of Party:	Housing Fo	od Child Care	Transportation	Counseling	Parenting Classe	es Legal Assisi	tance
needs and services?  16. May we have someone from the domestic violence center contact you?  17. Is it safe to contact you at the above listed number?  18. If no, how can we safely contact you?  Signature of Party:  Signature of Party:	15. May we have a	n outside agency or a	gencies contact you	to assist you with	h these	**	
16. May we have someone from the domestic violence center contact you?  Yes No  Yes No  If no, how can we safely contact you?  Signature of Party:	needs and servi	ces?	1		Y es		
17. Is it safe to contact you at the above listed number?  If no, how can we safely contact you?  Signature of Party:	16. May we have s	omeone from the dom	estic violence cente	r contact you?			
Signature of Party:	17. Is it safe to con	ress:	Yes	No			
	If no, how	can we safely contact	you?		<u> </u>		
	Signature of Party:						
						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 <u>file</u> it with the <u>clerk of the circuit court</u>.

This form should be typed or printed in black ink. After completing this form, you should <u>file</u> 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.

Instructions for Florida Supreme Court Approved Family Law Form 12.980(h), Request for Confidential Filing of Address (03/15)

INTHE CIRCUIT COURT OF THEIN AND FOR	
	Case No.:
Petitioner,	
Respondent.	
Respondent.	
REQUEST FOR CONFIDENT	FIAL FILING OF ADDRESS
i, {full legal name}	
Court maintain and hold as confidential, the following	address:
Address	
CityState	Zip
Telephone (areacode and number)	
This request is being made for the purpose of keepi reasons pursuant to section 119.071(2)(j)1, section 7 provision providing for the separate confidential filing  Dated:	84.0485(3)(b)1,Florida Statutes, or other statutory
-	
	E AS TO REQUEST FOR LING OF ADDRESS
I; as received and filed the above and will keep the about of the Court relative to such confidentiality.	s Clerk of the Circuit Court, do hereby certify that I ve address confidential, subsequent to further order
CLERK OF THE CIRCUIT COURT	
(SEAL)	
By:	

## 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 <u>clerk of the circuit court</u> 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 <u>file</u> 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.

Instructions for Florida Family Law Rules of Procedure Form 12.928, Cover Sheet for Family Court Cases (11/13)

- (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- IV-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**

l.	Case Style
	IN THE CIRCUIT COURT OF THE JUDICIAL CIRCUIT, IN AND FOR COUNTY, FLORIDA
	Case No.:
_	Petitioner
	and Respondent
tı.	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
	<ol> <li>Motion for Civil Contempt/Enforcement</li> <li>Other</li> </ol>
111.	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

<ul> <li>(O) Paternity/Disestablishme</li> <li>(P) Juvenile Delinquency</li> <li>(Q) Petition for Dependency</li> <li>(R) Shelter Petition</li> <li>(S) Termination of Parental II</li> <li>(T) Adoption Arising Out Of Output</li> <li>(U) CINS/FINS</li> </ul>	Rights Arising Out Of Chapter 39		
Law Form 12.900(h), be filed with represented litigant in order to no filed with this Cover Sheet for Fam No, to the best of my knowle	45(d) requires that a Notice of Related Canthe initial pleading/petition by the filing otify the court of related cases. Is Formally Court Cases and initial pleading/petitionedge, no related cases exist.  End on Family Law Form 12.900(h).	by the filing attorney or self- es. is Form 12.900(h) being ading/petition?	
ATTORNEY OR PARTY SIGNATURE			
I CERTIFY that the information of my knowledge and belief.	I have provided in this cover sheet is acc	curate to the best	
Signature	FL Bar No.:		
Attorney or party	(Bar nun	nber,if attorney)	
(Type or print name)	(E-mail Ad	ldress(es))	
Date	<u> </u>		
IF A NONLAWYER HELPED YOU FILL OF BELOW: [fill in all blanks]	UT THIS FORM, HE/SHE MUST FILL IN TH	IE BLANKS	
This form was prepared for the: {choos		ndent	
This form was completed with the assi {name of individual}			
{name of husiness}			
{address}			
{citu} {c	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

Instructions for Florida, Family Law Rules of Procedure Form 12.900(h), Notice of Related Cases (11/13)

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. Instructions for Florida Family Law Rules of Procedure Form 12.900(h), Notice of Related Cases (11/13)

INTHE CIRCUIT COURT OF THE	JUDICIAL CIRCUIT,
INAND FOR	COUNTY, FLORIDA
	Case No ·
	Case No.:  Division:
	DIVISION.
Petitioner,	
and	
Respondent.	
r tespondent.	
NOTICE (	NEDELATED CAGEG
NOTICE	OF RELATED CASES
juvenile delinquency, juvenile dependent family law case if it involves any of the sa the party files a family case; if it affects t	
Related Case No. 1	
Case Name(s):Petitioner	
Respondent	
Case No.:	Division:
Type of Proceeding: [check all that apply]Dissolution of MarriageCustodyChild SupportJuvenile Dependency Termination of Parental Rights	Paternity Adoption Modification/Enforcement/Contempt Proceedings Juvenile Delinquency Criminal
Domestic/Sexual/Dating/Repeat	Mental Health
Violence or Stalking Injunctions	Other (specify)

Florida Family Law Rules of Procedure Form 12.900(h), Notice of Related Cases (11/13)

State where case was decided or is pending:	Florida	_Other: {specify}
Name of Court where case was decided or is pend	ing (for exam	ple, Fourteenth Circuit Court, Washington
		-
County, Florida):		
Date of Court Order/Judgment (if any):		<del></del>
2 2.0 02 00 10 0100 10 0100 10 10 10 10 10 10 10		•
Relationship of cases check all that apply]:		
pending case involves same parties, childr	en,orissues;	
may affect court's jurisdiction;		
order inrelated case may conflict with an	order in this	ease;
order in this case may conflict with previo	us order in rel	ated case.
Statement as to the relationship of the cases:	· ———	· · · · · · · · · · · · · · · · · · ·
	<del> </del>	
Related Case No.2		
Case Na me(s):		
reddoner		
Respondent	<del></del>	
Case No.:	Division	:
Type of Proceeding: [checkall that apply]		
Dissolution of Marriage	Pater	nity
	Adoption	•
Child Support	_ •	on/Enforcement/Contempt Proceedings
Juvenile Dependency	Juvenile D	
Termi nation of Parental Rights	Criminal	
Domestic/Sexual/Dating/Repeat	Mental He	alth
Violence or Stalking Injunctions		cify}
	`.	
State where case was decided or is pending:	Florida	Other: {specify}
Name of Court where case was decided or is pend	ling <i>(for exar</i>	nple, Fourteenth Circuit Court, Washington
		•
County, Florida): Title of last Court Order/Judgment (if any): —		
Date of Court Order/Judgment (if any):		<del> </del>
Date of Court Craon saagmon. (if any).		
Relationship of cases check all that apply]:		
pending case involves same parties, child	ren, or issues:	

Florida Family Law Rules of Procedure Form 12.900(h), Notice of Related Cases (11/13)

<u> </u>	
Related Case No. 3	
Case Name(s):	
Petitioner Respondent	~ <del>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del>
Case No.: — Division: —	a contract of the contract of
Case No.: ——— Division: ———	
Type of Proceeding: [check all that apply]	
Dissolution of Marriage	Paternity
	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 r	pending (for example, Fourteenth Circuit Court,
Washignton County, Florida}:	···
Date of Court Order/Judgment (if any):—	
bate of Court Order/Judgmone (it mig).	·
Relationship of cases check all that apply]:	
pending case involves same parties, chi	ldren, 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 pre-	vious order in related case.
Statement as to the relationship of the cas	es:

	I do request coordination of the fol	llowing cases:	
3.	[check all that a pply]		
	Assignment to one judgeCoordination of existing cases		
	<del></del>	and promote an efficient determination of	these
4.	The Petitioner acknowledges a continuing state that could affect the current proceedings.	duty to inform the court of any cases in this o	r any other
	Dated:		
		Petitioner's Signature	<del></del>
		_	
		Printed Name:Address:	<del></del>
	·	City, State, Zip:	<del></del>
	•	Telephone Number:	
		Fax Number:	
		E-mail Add ress(es):	<del></del>
	CERTIFIC	CATE OF SERVICE	
īC	FRTIFY that I delivered a conv of this Notice	e of Related Cases to the	County
		ver for service on the Respondent, and [check a	
	) e-mailed ( ) mailed ( ) hand delivered,		who is the
[cl	neck all that apply] ( ) judge assigned to n	ew case, ( ) chief judge or family law adminis	trative
juo 	lge, ( ) {name} , a party to t	a party to the related case, ( the related case on {date}	) {name}
		Signature of Petitioner/Attorney for	
		Printed Name:Address:	<del></del>
		City, State, Zip:	
		Tele phone Number:	
		Fax Number:	
		E-mail Address(es):	
		Florida Bar Number:	

IF A NONLAWYER HELPED YOU	JFILLOUTTHISFORM	, HE/SHE MUST F	ILLINTHE BLAN	IKS BELOW:
[fill in all blanks] This form was	prepared for the {choc	ose only one}: (	) Petitioner (	) Respondent.
This form was completed with	he assistance of:			
{name of individual}				·
{name of business}	· · · · · · · · · · · · · · · · · · ·			
{address}			· · · · · · · · · · · · · · · · · · ·	
{city}	{state}	_ {telephone num	iber}	