

Information Sheet

(This section to be completed by **Petitioner**)

(Below please indicate if on behalf of children and names)

Petitioner Name: _____ Race _____ Sex _____ DOB _____

Minor's Name: _____ Race _____ Sex _____ DOB _____

Street Address: _____
(Number, Street, City, State & Zip Code. Do not include P.O. Boxes)

Home Phone _____ Cell Phone _____

E-mail Address _____

Relationship between the Parties:

Spouse Former Spouse Child in common Living Together as if a Family

Family Member (Describe Relationship) _____ Other (Neighbor, friend, co-worker)

Respondent Name: _____ Race _____ Sex _____ DOB _____

Alias (es): _____

Physical Description: Height: _____ Weight: _____ Hair: _____ Eye Color: _____

Scars/Tattoos/Marks: _____

Check all that apply

Violent Tendencies

Alcoholic

Armed & Dangerous

Known to abuse drugs

Mental Health problems

Other _____

Street Address: _____
(Number, Street, City, State & Zip Code. Do not include P.O. boxes)

Place of Employment: _____

Employment Address: _____

Home Phone _____ Cell Phone _____

Best Place to Make Service (**Check One Only**) Home Place of Employment

Other location for service: _____ Best Time for Service: _____

Vehicle Description & License Tag Number: _____

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 filing more than one type of proceeding (such as a modification and an enforcement proceeding) against the same party at the same time, then you must 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
- (V) ___ Petition for Temporary or Concurrent Custody by Extended Family
- (W) ___ Emancipation of a Minor

IV. Rule of Judicial Administration 2.545(d) requires that a Notice of Related Cases Form, Family Law Form 12.900(h), be filed with the initial pleading/petition by the filing attorney or self-represented litigant in order to notify the court of related cases. Is Form 12.900(h) being filed with this Cover Sheet for Family Court Cases and initial pleading/petition?

- ___ No, to the best of my knowledge, no related cases exist.
- ___ Yes, all related cases are listed on Family Law Form 12.900(h).

ATTORNEY OR PARTY SIGNATURE

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

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

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

 Date

IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW: [fill in all blanks]

This form was prepared for the: {choose only one} ___ Petitioner ___ Respondent

This form was completed with the assistance of:

{name of individual} _____,
 {name of business} _____,
 {address} _____,
 {city} _____, {state} _____, {zip code} _____, {telephone number} _____.

IN THE CIRCUIT COURT OF THE _____ JUDICIAL CIRCUIT,
IN AND FOR _____ COUNTY, FLORIDA

Case No.: _____
Division: _____

Petitioner,

and

Respondent.

REQUEST FOR CONFIDENTIAL FILING OF ADDRESS

I, {full legal name} _____, request that the Court maintain and hold as confidential, the following address:

Address _____		
City _____	State _____	Zip _____
Telephone (area code and number) _____		

This request is being made for the purpose of keeping the location of my residence unknown for safety reasons pursuant to section 119.071(2)(j)1, section 741.30(3)(b)(a), section 784.046(4)(b)1, and section 784.0485(3)(b)1, Florida Statutes, or other statutory provision providing for the separate confidential filing for safety reasons.

Dated: _____
Signature _____

CLERK'S CERTIFICATE AS TO REQUEST FOR CONFIDENTIAL FILING OF ADDRESS

I, _____, as Clerk of the Circuit Court, do hereby certify that I received and filed the above and will keep the above address confidential, subsequent to further order of the Court relative to such confidentiality.

CLERK OF THE CIRCUIT COURT

(SEAL)

By: _____
{Deputy Clerk}

IN THE CIRCUIT COURT OF THE _____ JUDICIAL CIRCUIT,
IN AND FOR _____ COUNTY, FLORIDA

Case No.: _____

Division: _____

Petitioner,

and

Respondent.

PETITION FOR INJUNCTION FOR PROTECTION AGAINST DATING 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}* _____

Date of Birth of Petitioner: _____.

[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.")

7. If Respondent is a minor, the address of Respondent's parent or legal guardian is: _____

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

1. Have the Petitioner and Respondent been involved in a dating relationship within the past six months? _____ Yes _____ No

2. Describe the nature of the relationship between the Petitioner and Respondent *{Include the length of time of the relationship, the romantic or intimate nature of the relationship, the frequency or type of interaction, and any other facts that characterize the relationship}*

_____.

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

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

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

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

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

_____.

5. 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}*: _____

_____.

6. Respondent has directed an incident 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 minor child living at home. The 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.

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

On *{date(s)}* _____, at *{location(s)}* _____,

Respondent _____

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

8. **Imminent Danger**

{Please complete either paragraph a or b below}

a. ____ Petitioner is a victim of dating violence and has reasonable cause to believe he or she is in **imminent danger** of becoming a victim of another act of dating violence. *{Explain what Respondent has done to make you a victim of dating violence and to make you fear that you are in imminent danger of becoming a victim of another act of dating violence.}*

OR

b. ____ Petitioner has reasonable cause to believe he or she is in **imminent danger** of becoming a victim of dating violence as demonstrated by the fact that Respondent has: *{Explain what Respondent has done that makes you fear that you are in imminent danger of becoming a victim of dating violence.}*

9. **Additional Information**

{Indicate 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 dating 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 dating violence that will be in place from now until the scheduled hearing in this matter.

2. Petitioner asks the Court to enter an injunction prohibiting Respondent from committing any acts of violence against Petitioner and:
 - a. prohibiting Respondent from going to or within 500 feet of any place Petitioner lives;
 - b. prohibiting Respondent from going to or within 500 feet of Petitioner's place(s) of employment or the school that Petitioner attends; the address of Petitioner's place(s) of employment and/or school is: _____
_____;
 - c. prohibiting Respondent from contacting Petitioner by telephone, mail, by e-mail, in writing, through another person, or in any other manner;
 - d. ordering Respondent not to use or possess any guns or firearms;

{Indicate all that apply}

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

_____;

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

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

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

Dated: _____

Signature of Petitioner
Printed Name: _____
Address: _____
City, State, Zip: _____
Telephone Number: _____
Fax Number: _____
Designated E-Mail Address(es): _____

STATE OF FLORIDA
COUNTY OF _____

Sworn to or affirmed and 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 _____

IN THE CIRCUIT COURT OF THE _____ JUDICIAL CIRCUIT,
IN AND FOR _____ COUNTY, FLORIDA

Case No.: _____

Division: _____

Petitioner,
and

Respondent.

NOTICE OF RELATED CASES

1. Petitioner submits this Notice of Related Cases as required by Florida Rule of Judicial Administration 2.545(d). A related case may be an open or closed civil, criminal, guardianship, domestic violence, juvenile delinquency, juvenile dependency, or domestic relations case. A case is "related" to this family law case if it involves any of the same parties, children, or issues and it is pending at the time the party files a family case; if it affects the court's jurisdiction to proceed; if an order in the related case may conflict with an order on the same issues in the new case; or if an order in the new case may conflict with an order in the earlier litigation.

[check **one** only]

There are no related cases.

The following are the related cases (add additional pages if necessary):

Related Case No. 1

Case Name(s): _____

Petitioner _____

Respondent _____

Case No.: _____ Division: _____

Type of Proceeding: [check **all** that apply]

Dissolution of Marriage

Paternity

Custody

Adoption

Child Support

Modification/Enforcement/Contempt Proceedings

Juvenile Dependency

Juvenile Delinquency

Termination of Parental Rights

Criminal

Domestic/Sexual/Dating/Repeat

Mental Health

Violence or Stalking Injunctions

Other {specify} _____

State where case was decided or is pending: Florida Other: {specify} _____

Name of Court where case was decided or is pending (for example, Fifth Circuit Court, Marion County, Florida): _____

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

Date of Court Order/Judgment (if any): _____

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

pending case involves same parties, children, or issues;

may affect court's jurisdiction;

order in related case may conflict with an order in this case;

order in this case may conflict with previous order in related case.

Statement as to the relationship of the cases: _____

Related Case No. 2

Case Name(s): _____

Petitioner _____

Respondent _____

Case No.: _____ Division: _____

Type of Proceeding: [check **all** that apply]

Dissolution of Marriage

Paternity

Custody

Adoption

Child Support

Modification/Enforcement/Contempt Proceedings

Juvenile Dependency

Juvenile Delinquency

Termination of Parental Rights

Criminal

Domestic/Sexual/Dating/Repeat

Mental Health

Violence or Stalking Injunctions

Other {specify} _____

State where case was decided or is pending: Florida Other: {specify} _____

Name of Court where case was decided or is pending (for example, Fifth Circuit Court, Marion County, Florida): _____

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

Date of Court Order/Judgment (if any): _____

Relationship of cases check all that apply]:

pending case involves same parties, children, or issues;

- may affect court's jurisdiction;
- order in related case may conflict with an order in this case;
- order in this case may conflict with previous order in related case.

Statement as to the relationship of the cases: _____

Related Case No. 3

Case Name(s): _____
 Petitioner _____
 Respondent _____
 Case No.: _____ Division: _____

Type of Proceeding: [check **all** that apply]

- | | |
|--------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| <input type="checkbox"/> Dissolution of Marriage | <input type="checkbox"/> Paternity |
| <input type="checkbox"/> Custody | <input type="checkbox"/> Adoption |
| <input type="checkbox"/> Child Support | <input type="checkbox"/> Modification/Enforcement/Contempt Proceedings |
| <input type="checkbox"/> Juvenile Dependency | <input type="checkbox"/> Juvenile Delinquency |
| <input type="checkbox"/> Termination of Parental Rights | <input type="checkbox"/> Criminal |
| <input type="checkbox"/> Domestic/Sexual/Dating/Repeat
Violence or Stalking Injunctions | <input type="checkbox"/> Mental Health |
| | <input type="checkbox"/> Other {specify} _____ |

State where case was decided or is pending: Florida Other: {specify} _____

Name of Court where case was decided or is pending (*for example, Fifth Circuit Court, Marion County, Florida*): _____

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

Date of Court Order/Judgment (if any): _____

Relationship of cases check all that apply]:

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

Statement as to the relationship of the cases: _____

2. [check **one** only]

I **do not** request coordination of litigation in any of the cases listed above.

_____ I **do** request coordination of the following cases: _____

3. [check **all** that apply]

_____ Assignment to one judge

_____ Coordination of existing cases

will conserve judicial resources and promote an efficient determination of these cases because: _____.

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

Dated: _____

Petitioner's Signature

Printed Name: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____

Fax Number: _____

E-mail Address(es): _____

CERTIFICATE OF SERVICE

I **CERTIFY** that I delivered a copy of this Notice of Related Cases to the _____ County Sheriff's Department or a certified process server for service on the Respondent, and [**check all used**] () e-mailed () mailed () hand delivered, a copy to {name} _____, who is the [**check all that apply**] () judge assigned to new case, () chief judge or family law administrative judge, () {name} _____ a party to the related case, () {name} _____, a party to the related case on {date} _____.

Signature of Petitioner/Attorney for Petitioner

Printed Name: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____

Fax Number: _____

E-mail Address(es): _____

Florida Bar Number: _____

IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW:

[fill in **all** blanks] This form was prepared for the {choose **only one**}: () Petitioner () Respondent.

This form was completed with the assistance of:

{name of individual} _____,

{name of business} _____,

{address} _____,

{city} _____ {state} _____, {telephone number} _____.