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 19TH JUDICIAL CIRCUIT,
IN AND FOR INDIAN RIVER 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 NINETEENTH JUDICIAL CIRCUIT,
IN AND FOR INDIAN RIVER 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 NINETEENTH JUDICIAL CIRCUIT,
IN AND FOR INDIAN RIVER COUNTY, FLORIDA

Case No.: _____
Division: _____

_____,
Petitioner,

and

_____,
Respondent.

PETITION FOR INJUNCTION FOR PROTECTION AGAINST STALKING

I, *{full legal name}*_____, being sworn, certify that the following statements are true:

SECTION I. PETITIONER
(This section is about you. It must be completed; **however, if you require that your address be confidential for safety reasons,** you should complete and file a **Request for Confidential Filing of Address,** Florida Supreme Court Approved Family Law Form 12.980(h), and write confidential in the space provided on this form for your address and telephone number.)

1. Petitioner resides at the following address: *{address, city, state, zip code}* _____
_____.
*{Indicate **if** applicable}*
☐ **Petitioner seeks an injunction for protection on behalf of a minor child.** Petitioner is the parent or legal guardian of *{full legal name}*_____, a minor child who is living at home.

2. Petitioner's attorney's name, address, and telephone number is: _____
_____.
(If you do not have an attorney, write "none.")

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

1. Respondent resides at the following address: *{provide last known street address, city, state, and zip code}* _____
_____.

2. Respondent's last known place of employment: _____
Employment address: _____
Working hours of Respondent: _____

3. 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 *(if known)*_____

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

5. Respondent's attorney's name, address, and telephone number is: _____
_____.
(If you do not know whether Respondent has an attorney, write "unknown." If Respondent does not have an attorney, write "none.")

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

1. Has Petitioner ever received or tried to get an injunction for protection against stalking against Respondent in this or any other court?
☐ Yes ☐ No If yes, what happened in that case? *{Include case number, if known}*
_____
_____

2. Has Respondent ever received or tried to get an injunction for protection against stalking against Petitioner in this or any other court?
☐ Yes ☐ No If yes, what happened in that case? *{Include case number, if known}*____
_____

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

4. Petitioner is a victim of stalking because Respondent has: *{please mark all sections that apply}*
a. ____ Committed stalking;
b._____Previously threatened, harassed, stalked, cyberstalked, or physically abused the Petitioner;
c._____Threatened to harm Petitioner or family members or individuals closely associated with Petitioner;
d.____ Intentionally injured or killed a family pet;
e.____ Used, or threatened to use, against Petitioner any weapons such as guns or knives;
f._____A criminal history involving violence or the threat or violence, if known;

g.____ Another order of protection issued against him or her previously from another jurisdiction, if known;

h.____ Destroyed personal property, including, but not limited to, telephones or other communication equipment, clothing, or other items belonging to Petitioner.

5. Below is a description of the specific incidents of stalking or cyberstalking: *{for cyberstalking, please include a description of all evidence of contacts and/or threats made by Respondent in voice messages, texts, emails, or other electronic communication}*
On *{dates}*_____ the following incidents of stalking occurred at the following locations: *{the locations may include, but need not be limited to, a home, school, or place of employment}*
_____
_____
_____
_____
_____
_____
_____
_____.
_____Please indicate here if you are attaching additional pages to continue these facts.

6. **Additional Information**
____Respondent owns, has, and/or is known to have guns or other weapons.
Describe weapon(s) and where they may be located, if known: _____
_____.

SECTION IV. INJUNCTION *{This section must be completed}*

1. Petitioner asks the Court to enter a **TEMPORARY INJUNCTION** for protection against stalking that will be in place from now until the scheduled hearing in this matter, which will immediately restrain Respondent from committing any acts of stalking, and which will provide any terms the Court deems necessary for the protection of a victim of stalking, including any injunctions or directives to law enforcement agencies.

2. Petitioner asks the Court to enter, after a hearing has been held on this petition, a **FINAL JUDGMENT** for protection against stalking prohibiting Respondent from committing any acts of stalking against Petitioner **and**:

a. prohibiting Respondent from going to or within 500 feet of any place Petitioner lives, or to any specified place regularly frequented by Petitioner and any named family members or individuals closely associated with Petitioner; _____
_____.

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 that he or she shall not have in his or her care, custody, possession, or control any firearm or ammunition;

e. prohibiting Respondent from knowingly and intentionally going to or within 100 feet of Petitioner's motor vehicle, whether or not that vehicle is occupied;

3. Petitioner asks the Court to enter any other terms it deems necessary to protect Petitioner from stalking by Respondent.

I UNDERSTAND THAT BY FILING THIS PETITION, I AM ASKING THE COURT TO HOLD A HEARING ON THIS PETITION, THAT BOTH THE RESPONDENT AND I WILL BE NOTIFIED OF THE HEARING, AND THAT I MUST APPEAR AT THE HEARING. I UNDERSTAND THAT IF EITHER THE 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 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.

Dated: _____

_____
Signature of Petitioner
Printed Name:_____
Address: _____
City, State, Zip: _____
Telephone 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 NINETEENTH JUDICIAL CIRCUIT,
IN AND FOR INDIAN RIVER COUNTY, FLORIDA

Case No.: _____
Division: _____

_____,
Petitioner,
and

_____,
Respondent.

NOTICE OF RELATED CASES

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

   [check **one** only]
   ☐ **There are no related cases.**
   ☐ **The following are the related cases (add additional pages if necessary):**

   Related Case No. 1
   Case Name(s): _____
   Petitioner _____
   Respondent _____
   Case No.: _____ Division: _____

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

   ☐ Dissolution of Marriage
   ☐ Custody
   ☐ Child Support
   ☐ Juvenile Dependency
   ☐ Termination of Parental Rights
   ☐ Domestic/Sexual/Dating/Repeat Violence or Stalking Injunctions
   ☐ Paternity
   ☐ Adoption
   ☐ Modification/Enforcement/Contempt Proceedings
   ☐ Juvenile Delinquency
   ☐ Criminal
   ☐ Mental Health
   ☐ Other *{specify}*_____

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

Name of Court where case was decided or is pending (*for example, Fifth Circuit Court, Marion County, Florida*): _____
Title of last Court Order/Judgment (if any): _____
Date of Court Order/Judgment (if any): _____

Relationship of cases check **all** that apply]:
☐ pending case involves same parties, children, or issues;
☐ may affect court's jurisdiction;
☐ order in related case may conflict with an order in this case;
☐ order in this case may conflict with previous order in related case.
Statement as to the relationship of the cases: _____
_____
_____

Related Case No. 2
Case Name(s): _____
Petitioner _____
Respondent _____
Case No.: _____ Division: _____

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

☐ Dissolution of Marriage	☐ Paternity
☐ Custody	☐ Adoption
☐ Child Support	☐ Modification/Enforcement/Contempt Proceedings
☐ Juvenile Dependency	☐ Juvenile Delinquency
☐ Termination of Parental Rights	☐ Criminal
☐ Domestic/Sexual/Dating/Repeat Violence or Stalking Injunctions	☐ Mental Health
	☐ Other *{specify}*_____

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

Name of Court where case was decided or is pending (*for example, Fifth Circuit Court, Marion County, Florida*): _____
Title of last Court Order/Judgment (if any): _____
Date of Court Order/Judgment (if any): _____

Relationship of cases check all that apply]:
☐ pending case involves same parties, children, or issues;

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

Statement as to the relationship of the cases: _____
_____
_____

Related Case No. 3
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 Violence or Stalking Injunctions	☐ Mental Health
	☐ Other *{specify}* _____

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

Name of Court where case was decided or is pending (*for example, Fifth Circuit Court, Marion County, Florida*): _____
Title of last Court Order/Judgment (if any): _____
Date of Court Order/Judgment (if any): _____

Relationship of cases check all that apply]:
☐ pending case involves same parties, children, or issues;
☐ may affect court's jurisdiction;
☐ order in related case may conflict with an order in this case;
☐ order in this case may conflict with previous order in related case.
Statement as to the relationship of the cases: _____
_____
_____

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}* _____.