

# 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 REPEAT VIOLENCE

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

### SECTION I. PETITIONER

(This section is about you. It must be completed.)

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

\_\_\_\_\_  
[Indicate if applicable]

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

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

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

### SECTION II. RESPONDENT

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

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

\_\_\_\_\_  
Respondent's Driver's License number is: *{if known}* \_\_\_\_\_

2. Petitioner has known Respondent since: *{date}* \_\_\_\_\_

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

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

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

4. Physical description of Respondent:

Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_  
Distinguishing marks and/or scars: \_\_\_\_\_  
Vehicle: (make/model) \_\_\_\_\_ Color: \_\_\_\_\_ Tag Number: \_\_\_\_\_

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

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

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

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

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

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

\_\_\_\_\_  
\_\_\_\_\_

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

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

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

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



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7. **Additional Information**

*[Choose **all** that apply]*

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

Describe weapon(s): \_\_\_\_\_

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

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

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

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

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

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

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

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

*[Indicate **all** that apply]*

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

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



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

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

Dated: \_\_\_\_\_  
Signature of Petitioner

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

Sworn to or affirmed and signed before me on \_\_\_\_\_ by \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC or DEPUTY CLERK  
\_\_\_\_\_  
*{Print, type, or stamp commissioned name of notary or clerk.}*

\_\_\_\_\_  
\_\_\_\_\_  
Personally known  
Produced identification  
Type of identification produced \_\_\_\_\_

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<br>Violence or Stalking Injunctions | <input type="checkbox"/> Mental Health<br><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} \_\_\_\_\_.