

IN THE CIRCUIT COURT OF THE SEVENTH JUDICIAL CIRCUIT,  
IN AND FOR VOLUSIA COUNTY, FLORIDA

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

\_\_\_\_\_,  
Petitioner,

and

\_\_\_\_\_,  
Respondent.

**PETITION FOR INJUNCTION FOR PROTECTION AGAINST SEXUAL VIOLENCE**

*Complete the following in blue or black ink.*

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 fear that disclosing your address to the respondent would put you in danger**, you should complete and file **Petitioner's Request for Confidential Filing of Address**,  Florida Supreme Court Approved Family Law Form 12.980(i), and write "confidential" in the space provided on this form for your address and telephone number.)

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

Date of Birth of Petitioner: \_\_\_\_\_.

**if applies**

**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.

Date of Birth of Minor Child: \_\_\_\_\_

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: *{address, city, state, and zip code}* \_\_\_\_\_  
\_\_\_\_\_.

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

Is the Respondent currently in jail? Yes No If yes, list the location: \_\_\_\_\_.

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: \_\_\_\_\_ 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. Petitioner has suffered sexual violence as demonstrated by the fact that the respondent has: *{describe the facts of violence}* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

[ all that apply]

- a. Petitioner reported the sexual violence to law enforcement and is cooperating in any criminal proceedings. The incident report number by law enforcement is: \_\_\_\_\_  
*If there is a criminal case, include case number, if known* \_\_\_\_\_
  - b. Respondent was sent to prison for committing sexual violence against Petitioner or Petitioner's minor child living at home and respondent is out of prison or is getting out of prison within 90 days. The notice of inmate release is attached.
2. 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}* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. 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}* \_\_\_\_\_

\_\_\_\_\_

4. 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): \_\_\_\_\_

\_\_\_\_\_

5. **Additional Information**

[ **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 sexual violence have been previously reported to *{person or agency}*:

\_\_\_\_\_

\_\_\_\_\_

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

1. 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;

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

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

\_\_\_\_\_  
Signature of Petitioner  
Printed Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF VOLUSIA

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

LAURA E. ROTH  
CLERK OF THE CIRCUIT COURT

\_\_\_\_\_  
NOTARY PUBLIC or DEPUTY CLERK

\_\_\_\_\_  
[Print, type, or stamp commissioned name of notary or clerk.]

- Personally known
- Produced identification

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

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DESCRIPTION OF ABUSE (cont'd):

PLEASE USE AN ADDITIONAL PAGE IF YOU REQUIRE MORE ROOM.

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

Page # \_\_\_\_\_

DESCRIPTION OF ABUSE (cont'd):

PLEASE USE AN ADDITIONAL PAGE IF YOU REQUIRE MORE ROOM.