

**IN THE CIRCUIT COURT IN THE EIGHTEENTH JUDICIAL CIRCUIT,
IN AND FOR BREVARD COUNTY, FLORIDA**

DIVISION: FAMILY

Case No.: 05 - - - XXXX-XX

Clock In

PETITIONER (name/child name/street/city/state/zip)

RESPONDENT (name/name/street/city/state/zip)

PETITION FOR INJUNCTION FOR PROTECTION AGAINST SEXUAL 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. However, **if you fear that disclosing your address to the respondent would put you in danger**, 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).

1. Petitioner currently lives at: {street address} _____
{city, state, zip code} _____
Telephone Number: {area code and number} _____
Date of Birth: _____

(check 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.

2. Petitioner's attorney's name, address, telephone number, and e-mail address is:

Attorney's Name

Attorney's Address

Attorney's Phone Number Attorney's E-Mail Address

None (If you do not have an attorney, check "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: {street address} _____
{city, state, zip code} _____
Respondent's Driver's License Number is: {if known} _____

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2. Does the respondent live within 500 feet of your residence? Yes No
3. Respondent's last known place of employment: _____
Employment Address: _____
Working Hours: _____
Monday Tuesday Wednesday Thursday Friday Saturday Sunday
4. Physical description of Respondent:
Race: _____ Sex: Male Female Date of Birth: _____
Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____
Distinguishing marks or scars: _____
Vehicle: {make/model} _____ Color: _____ Tag Number: _____
5. Other names Respondent goes by {aliases or nicknames}: _____
6. Respondent's attorney's name, address, telephone number, and e-mail address is:

Attorney's Name

Attorney's Address

Attorney's Phone Number Attorney's E-Mail Address
- (If you do not know whether Respondent has an attorney, check "unknown". If Respondent does not have an attorney, check "none".) Unknown None
7. If the 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 shown by the fact that the Respondent has:
{describe the facts of violence}
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

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

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[Check all that apply]

- a. Petitioner reported the sexual violence to law enforcement and is cooperating in any criminal proceeding. 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, dating violence, repeat violence, stalking 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, dating violence, repeat violence, stalking 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
[Check 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 violence have been previously reported to {person or agency}:

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

1. Petitioner asks the Court to enter a TEMPORARY INJUNCTION for protection against sexual 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 the 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.

[Check 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's and Petitioner's immediate family.

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I UNDERSTAND THAT BY FILING THIS PETITION, I AM ASKING THE COURT TO HOLD A HEARING ON THIS PETITION, NOTIFICATION OF RESPONDENT OF THE HEARING DATE WILL BE THROUGH SERVICE BY LAW ENFORCEMENT. I OR MY DESIGNEE WILL RETURN TO THE CLERK'S OFFICE TO RETRIEVE A CERTIFIED COPY OF THE JUDGE'S ORDER, 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 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.

(MUST BE SIGNED IN THE PRESENCE OF A NOTARY OR DEPUTY CLERK)

(initials)

Petitioner

Date

Petitioner's Name Printed

Petitioner's Address

City, State, Zip Code

Petitioner's Phone Number & Fax Number

Petitioner's E-Mail Address

STATE OF FLORIDA
COUNTY OF BREVARD

Sworn to or affirmed and signed before me this _____ day of _____, 20__.

NOTARY PUBLIC or DEPUTY CLERK

Personally known
Produced identification
Type of identification produced _____

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