

# 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) \_\_\_ Sexual Violence

**IV. Rule of General Practice and 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  
IN AND FOR

JUDICIAL CIRCUIT,  
COUNTY, FLORIDA

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

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

and

Division: \_\_\_\_\_

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

## PETITION FOR INJUNCTION FOR PROTECTION AGAINST SEXUAL VIOLENCE

I, *{full legal name}* \_\_\_\_\_ declare under penalties of perjury, 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 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. Respondent's last known place of employment: \_\_\_\_\_  
 Employment address: \_\_\_\_\_  
 Working hours: \_\_\_\_\_
  
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: \_\_\_\_\_
  
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.")
  
6. 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 shown by the fact that the Respondent has: *{describe the acts of violence}*

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

*{Indicate 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, 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, 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**  
*{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 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 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 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.**

**UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE. I UNDERSTAND THAT THE STATEMENTS MADE IN THIS PETITION ARE BEING MADE UNDER PENALTIES OF PERJURY, PUNISHABLE AS PROVIDED IN SECTION 92.525, FLORIDA STATUTES.**

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

\_\_\_\_\_  
Signature of Petitioner

Printed Name: \_\_\_\_\_

{Do not write your address if you are filing or have filed a Request for Confidential Filing of Address, Form 12.980(h).}

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Designated E-Mail Address(es): \_\_\_\_\_

**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 or individual} \_\_\_\_\_

{address} \_\_\_\_\_

{city} \_\_\_\_\_, {state} \_\_\_\_\_, {telephone number} \_\_\_\_\_.

{email address} \_\_\_\_\_

## INFORMATION ON RESPONDENT

First Name		Middle Name		Last Name	
Aliases					
Home Street Address			County		Home/Cell Telephone Number
Home City		Home State		Home Zip	
Mailing Address, City, State Zip					
Place of Employment				Hours at Work To	
Occupation Title				Work in office or field?	
Employment Street Address					
Employment City		Employment State		Employment Zip	
Date of Birth	Age	Race	Sex	Glasses	
Height	Weight	Eye Color	Hair Color	Facial Hair	
Scars, Marks, Tattoos					
Driver License Number			State		Primary Language
Vehicle Make	Vehicle Model		Vehicle Year	Vehicle Color	
Does Respondent have access to Weapons? <input type="checkbox"/> YES <input type="checkbox"/> NO (if yes, how many and what kind)					
Where are the weapons kept? (on person, in vehicle?)					
Does Respondent use drugs or alcohol? <input type="checkbox"/> YES <input type="checkbox"/> NO (if yes, list what kind)					
Does Respondent take any medications? <input type="checkbox"/> YES <input type="checkbox"/> NO (if yes, list what kind)					
Has Respondent ever been arrested? <input type="checkbox"/> YES <input type="checkbox"/> NO (if yes, list what charges)					
Has Respondent ever talked about or threatened to harm themselves or law enforcement officers? If yes, explain:					
Does the Respondent have any health problems or diseases? <input type="checkbox"/> YES <input type="checkbox"/> NO (if yes, explain)					
Do you have any other information you feel will help us in serving an Injunction?					

## INFORMATION ON 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 Family Law Form 12.980(i), and write CONFIDENTIAL in the space provided on this form for your address and telephone number.

First Name	Middle Name	Last Name	
Alias Names			
Date of Birth	Age	Race	Sex
Height	Weight	Hair Color	Eye Color
Home Street Address			Home/ Cell Telephone Number
Home City	Home State	Home Zip	
Mailing Street Address, City, State Zip			
Place of Employment			Work Telephone Number
Employment Street Address			
Employment City	Employment State	Employment Zip	Work Hours
School			
School Street Address			
School City	School State	School Zip	
Other Place Frequented			
Other Place Address			
Other Place City	Other Place State	Other Place Zip	
Other Place Frequented			
Other Place Address			
Other Place City	Other Place State	Other Place Zip	
Relationship to Respondent			Primary Language
Name and Telephone Number of someone who can contact you			



IN THE CIRCUIT COURT OF THE  
IN AND FOR

JUDICIAL CIRCUIT,  
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 General Practice and 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

Support for Dependent Adult Children

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): \_\_\_\_\_



**Related Case No. 3**

Case Name(s): \_\_\_\_\_

Petitioner \_\_\_\_\_

Respondent \_\_\_\_\_

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

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

- Dissolution of Marriage
- Custody
- Child Support
- Modification/Enforcement/Contempt Proceedings
- Juvenile Dependency
- Termination of Parental Rights
- Domestic/Sexual/Dating/Repeat
- Violence or Stalking Injunctions
- Paternity
- Adoption
- Support for Dependent Adult Children
- 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 case 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: \_\_\_\_\_  
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} \_\_\_\_\_.

IN THE COUNTY/CIRCUIT COURT OF THE \_\_\_\_\_ JUDICIAL  
CIRCUIT IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA

\_\_\_\_\_  
Plaintiff/ Petitioner/State

v.

CASE NO: \_\_\_\_\_

DIVISION: \_\_\_\_\_

\_\_\_\_\_  
Defendant/ Respondent

**DESIGNATION OF E-MAIL ADDRESS FOR A PARTY  
NOT REPRESENTED BY AN ATTORNEY [FORM 2.602]**

Pursuant to Fla. R. Gen. Prac. & Jud. Admin. 2.516(b)(1)(C),  
I, \_\_\_\_\_, designate the e-mail address(es) below for  
electronic service of all documents related to this case.

By completing this form, I am authorizing the court, clerk of court, and all parties to send copies  
of notices, orders, judgments, motions, pleadings, or other written communications to me by e-  
mail or through the Florida Courts E-filing Portal.

I understand that I must keep the clerk's office and any opposing party or parties notified of my  
current mailing address or e-mail address. I will file a written notice with the clerk if my mailing  
address or e-mail address changes again.

Designated e-mail address: \_\_\_\_\_

Secondary designated e-mail address(es), if any: \_\_\_\_\_

I certify that a copy has been furnished on \_\_\_\_\_, by  e-mail,  delivery,  
 mail [choose one] to: Clerk of Court for \_\_\_\_\_ County, and  
to: \_\_\_\_\_

\_\_\_\_\_  
(insert name(s) and address(es))

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_