



**ANGELA VICK**  
**Clerk of the Circuit Court and Comptroller**  
**Citrus County**

***Injunction for Domestic Violence with Children***

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Please submit the following completed documents to the Injunctions Office located in the Citrus County Courthouse:

- ◆ Request for Confidential Filing of Address (if applicable)
- ◆ Petition for Injunction
- ◆ Any documentation or images to support your petition
- ◆ Civil Cover Sheet
- ◆ Notice of Related Cases
- ◆ Uniform Child Custody Jurisdiction and Enforcement Act Affidavit
- ◆ Final Disposition Form

Please be sure to submit your paperwork to the Injunctions Office by **3:30 pm** in order to give the Judge ample time to review your petition and generate an order.

Once your petition has been submitted, we will send the petition to the Judge for review. If you choose to leave rather than wait for the Judge's decisions, you will need to return to our office later in the day to pick up the associated court order. Please call our office at (352) 341-6417 or (352) 341-8883 prior to coming to our office to ensure your order has been signed and is ready for pick-up.

If your order reflects a hearing date, be sure to attend as failing to appear may result in the dismissal of your case. Please plan to arrive for your hearing 15-20 minutes early.

## **Domestic Violence Injunction with Children**

### **741.30 Domestic Violence (with children)**

**Domestic violence includes:** assault, aggravated assault, battery, aggravated battery, sexual assault, sexual battery, stalking, aggravated stalking, kidnapping, false imprisonment, or any other criminal offense resulting in physical injury or death to petitioner by any of petitioner's family or household members.

The domestic violence laws only apply to your situation if the respondent is your **spouse**, former spouse, related to you by blood or marriage, living with you now or has lived with you in the past (if you are or were living as a family), or the other parent of your child(ren) whether or not you have ever been married or ever lived together. With the exception of persons who have a child in common, the family or household members must be currently residing together or have in the past resided together in the same single dwelling unit.

**\*\*\*\*NOTE\*\*\*\***

**A UCCJEA FORM HAS TO BE FILLED OUT IF THE PETITIONER AND RESPONDANT HAVE CHILDREN IN COMMON**

### **Important Information from the Clerk**

If appearing for a hearing, the following should be observed; your appearance should be neat and clean, and chewing gum is not permitted while in the Court or Chambers. No food or drinks are allowed on the upper floors of the courthouse. Children can be a distraction in the Courtroom. Please make arrangements for your children, before coming to court. Please turn OFF all cell phones and pagers before coming into the Courtroom.

**If you have any questions prior to or after the hearing date,  
contact a Deputy Clerk at (352) 341-6417.**

**\*\*\*THE CLERK'S OFFICE OR ANY COURT PERSONNEL  
IS UNABLE TO GIVE YOU ANY LEGAL ADVICE\*\*\***

**Citrus County Courthouse  
110 N Apopka Avenue  
Inverness, FL 34450  
(352) 341-6417**

IN THE CIRCUIT COURT OF THE FIFTH JUDICIAL CIRCUIT,  
IN AND FOR CITRUS 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, Angela Vick, Clerk of Court and Comptroller, 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 \_\_\_\_\_ FIFTH \_\_\_\_\_ JUDICIAL CIRCUIT,  
IN AND FOR \_\_\_\_\_ CITRUS \_\_\_\_\_ COUNTY, FLORIDA

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

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

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

and

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

**PETITION FOR INJUNCTION FOR PROTECTION  
AGAINST DOMESTIC 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 and telephone number.)

1. Petitioner's current address is: *{street address}* \_\_\_\_\_  
*{city, state and zip code}* \_\_\_\_\_  
Telephone Number: *{area code and number}* \_\_\_\_\_  
Physical description of Petitioner: \_\_\_\_\_  
Race: \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth: \_\_\_\_\_
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's current address is: *{street address, city, state, and zip code}*

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

2. Respondent is: {Indicate all that apply}
- a.  the spouse of Petitioner. Date of Marriage: \_\_\_\_\_
  - b.  the former spouse of Petitioner.  
Date of Marriage: \_\_\_\_\_  
Date of Dissolution of Marriage: \_\_\_\_\_
  - c.  related by blood or marriage to Petitioner.  
Specify relationship: \_\_\_\_\_
  - d.  a person who is or was living in one home with Petitioner, as if a family.
  - e.  a person with whom Petitioner has a child in common, even if Petitioner and Respondent never were married or living together.
3. Petitioner has known Respondent since {date} \_\_\_\_\_
4. Respondent's last known place of employment: \_\_\_\_\_  
Employment address: \_\_\_\_\_  
Working hours: \_\_\_\_\_
5. 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: \_\_\_\_\_
6. Other names Respondent goes by (aliases or nicknames): \_\_\_\_\_
7. 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 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 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, including a dissolution of marriage, paternity action, or child support enforcement action, **between Petitioner and Respondent** *{Include city, state, and case number, if known}*:
4. Petitioner is either a victim of domestic violence or has reasonable cause to believe he or she is in imminent danger of becoming a victim of domestic violence because respondent has: *{mark all sections that apply and describe in the spaces below the incidents of violence or threats of violence, specifying when and where they occurred, including, but not limited to, locations such as a home, school, place of employment, or time-sharing exchange}*
- a. \_\_\_\_\_ committed or threatened to commit domestic violence defined in section 741.28, Florida Statutes, as any assault, aggravated assault, battery, aggravated battery, sexual assault, sexual battery, stalking, aggravated stalking, kidnapping, false imprisonment, or any criminal offense resulting in physical injury or death of one family or household member by another. With the exception of persons who are parents of a child in common, the family or household members must be currently residing or have in the past resided together in the same single dwelling unit.
  - b. \_\_\_\_\_ previously threatened, harassed, stalked, or physically abused the petitioner.
  - c. \_\_\_\_\_ attempted to harm the petitioner or family members or individuals closely associated with the petitioner.
  - d. \_\_\_\_\_ threatened to conceal, kidnap, or harm the petitioner's child or children.
  - e. \_\_\_\_\_ intentionally injured or killed a family pet.
  - f. \_\_\_\_\_ used, or has threatened to use, against the petitioner any weapons such as guns or knives.
  - g. \_\_\_\_\_ physically restrained the petitioner from leaving the home or calling law enforcement.
  - h. \_\_\_\_\_ a criminal history involving violence or the threat of violence (if known).
  - i. \_\_\_\_\_ another order of protection issued against him or her previously or from another jurisdiction (if known).
  - j. \_\_\_\_\_ destroyed personal property, including, but not limited to, telephones or other communication equipment, clothing, or other items belonging to the petitioner.
  - k. \_\_\_\_\_ engaged in any other behavior or conduct that leads the petitioner to have reasonable cause to believe he or she is in imminent danger of becoming a victim of domestic violence.

Below is a brief description of the latest act of violence or threat of violence that causes Petitioner to honestly fear imminent domestic violence by Respondent.  
(Use additional sheets if necessary.)

On {date} \_\_\_\_\_, at {location} \_\_\_\_\_,

Respondent:

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

**5. Additional Information**

*{Indicate all that apply}*

- a. \_\_\_\_\_ Other acts or threats of domestic violence as described on attached sheet.
- b. \_\_\_\_\_ This or other acts of domestic violence have been previously reported to {person or agency}: \_\_\_\_\_
- c. \_\_\_\_\_ Respondent owns, has, and/or is known to have guns or other weapons.  
Describe weapon(s): \_\_\_\_\_
- d. \_\_\_\_\_ Respondent has a drug problem.
- e. \_\_\_\_\_ Respondent has an alcohol problem.
- f. \_\_\_\_\_ Respondent has a history of mental health problems. If checked, answer the following, if known:  
Has Respondent ever been the subject of a Baker Act proceeding? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Is Respondent supposed to take medication for mental health problems?  
\_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, is Respondent currently taking his/her medication? \_\_\_\_\_ Yes \_\_\_\_\_ No

**SECTION IV. TEMPORARY EXCLUSIVE USE AND POSSESSION OF HOME** (Complete this section **only** if you want the Court to grant you temporary exclusive use and possession of the home that you share with the Respondent.)

1. Petitioner claims the following about the home that Petitioner and Respondent share or that Petitioner left because of domestic violence:

*{Indicate all that apply}*

a. \_\_\_\_ Petitioner needs the exclusive use and possession of the home that the parties share at {street address} \_\_\_\_\_, {city, state, zip code} \_\_\_\_\_.

b. \_\_\_\_ Petitioner cannot get another safe place to live because:

c. \_\_\_\_ If kept out of the home, Respondent has the money to get other housing or may live without money at {street address} \_\_\_\_\_, {city, state, zip code} \_\_\_\_\_.

2. The home is:

*{Choose one only}*

- a. \_\_\_\_ owned or rented by Petitioner and Respondent jointly.  
b. \_\_\_\_ solely owned or rented by Petitioner.  
c. \_\_\_\_ solely owned or rented by Respondent.

**SECTION V. TEMPORARY PARENTING PLAN WITH TEMPORARY TIME-SHARING SCHEDULE FOR MINOR CHILD(REN)** (Complete this section **only** if you are asking the court to provide a temporary parenting plan, including a temporary time-sharing schedule with regard to, the minor child or children of the parties which might involve prohibiting or limiting time-sharing or requiring that it be supervised by a third party. You must be the natural parent, adoptive parent, or guardian by court order of the minor child(ren). If you are asking the court to provide a temporary parenting plan, including a temporary time-sharing schedule with regard to, the minor child or children of the parties which might involve prohibiting or limiting time-sharing or requiring that it be supervised by a third party, you must also complete and file a **Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA) Affidavit**, Florida Supreme Court Approved Family Law Form 12.902(d).)

**Note: If the paternity of the minor child(ren) listed below has not been established through either marriage or court order, the Court may deny a request to provide a temporary parenting plan, including a temporary time-sharing schedule with regard to, the minor child or children, and/or a request for**



**child support.**

1. Petitioner is the natural parent, adoptive parent, or guardian by court order of the minor child(ren) whose name(s) and age(s) is (are) listed below.

**Name**

**Birth date**

2. The minor child(ren) for whom Petitioner is asking the court to provide a temporary parenting plan, including a temporary time-sharing schedule with regard to:  
*{Choose one only}*
  - a. \_\_\_\_\_ saw the domestic violence described in this petition happen.
  - b. \_\_\_\_\_ were at the place where the domestic violence happened but did not see it.
  - c. \_\_\_\_\_ were not there when the domestic violence happened this time but have seen previous acts of domestic violence by Respondent.
  - d. \_\_\_\_\_ have not witnessed domestic violence by Respondent.
3. Name **any other** minor child(ren) who were there when the domestic violence happened. Include child(ren)'s name, age, and parents' names.

**4. Temporary Parenting Plan and Temporary Time-Sharing Schedule**

*{Indicate all that apply}*

a. \_\_\_\_\_ Petitioner requests that the Court provide a temporary parenting plan, including a temporary time sharing schedule with regard to, the minor child or children of the parties, as follows: \_\_\_\_\_

b. \_\_\_\_\_ Petitioner requests that the Court order supervised exchange of the minor child(ren) or exchange through a responsible person designated by the Court. The following person is suggested as a responsible person for purposes of such exchange. *{Explain}*:

c. \_\_\_\_\_ Petitioner requests that the Court limit time-sharing by Respondent with the minor child(ren). *{Explain}*:

d. \_\_\_\_\_ Petitioner requests that the Court prohibit time-sharing by Respondent with the minor child(ren) because Petitioner genuinely fears that Respondent imminently will abuse, remove, or hide the minor child(ren) from Petitioner. *{Explain}*:

e. \_\_\_\_\_ Petitioner requests that the Court allow only supervised time-sharing by Respondent with the minor child(ren). . *{Explain}*:

Supervision should be provided by a Family Visitation Center, or other (specify): \_\_\_\_\_

**SECTION VI TEMPORARY SUPPORT** (Complete this section **only** if you are seeking financial support from the Respondent. You must also complete and file a **Family Law Financial Affidavit**, Florida Family Law Rules of Procedure Form 12.902(b) or (c), and **Notice of Social Security Number**, Florida Supreme Court Approved Family Law Form 12.902(j), if you are seeking child support. A **Child Support Guidelines Worksheet**, Florida Family Law Rules of Procedure Form 12.902(e), must be filed with the court at or prior to a hearing to establish or modify child support.)

*{Indicate all that apply}*

1. \_\_\_\_\_ Petitioner claims a need for the money he or she is asking the Court to make Respondent pay, and that Respondent has the ability to pay that money.
2. \_\_\_\_\_ Petitioner requests that the Court order Respondent to pay the following temporary alimony to Petitioner. (Petitioner must be married to Respondent to ask for temporary alimony.) Temporary Alimony Requested \$ \_\_\_\_\_ every: \_\_\_\_\_ week \_\_\_\_\_ other week \_\_\_\_\_ month.
3. \_\_\_\_\_ Petitioner requests that the Court order Respondent to pay the following temporary child support to Petitioner. (The Respondent must be the natural parent, adoptive parent, or guardian by court order of the minor child(ren) for the court to order the Respondent to pay child support.) Temporary child support is requested in the amount of \$ \_\_\_\_\_ every: \_\_\_\_\_ week \_\_\_\_\_ other week \_\_\_\_\_ month.

**SECTION VII INJUNCTION** (This section summarizes what you are asking the Court to include in the injunction. This section must be completed.)

1. Petitioner asks the Court to enter a **TEMPORARY INJUNCTION** for protection against domestic 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 on injunction prohibiting Respondent from committing any acts of domestic violence against Petitioner **and**:
  - a. prohibiting Respondent from going to or within 500 feet of any place the Petitioner lives;
  
  - b. prohibiting Respondent from going to or within 500 feet of the Petitioner's place(s) of employment or school; the address of Petitioner's place(s) of employment or school is:
  
  
  
  
  
  
  
  
  
  
  - c. prohibiting Respondent from contacting Petitioner by mail, by telephone, through another person, or in any other manner;
  
  - d. prohibiting Respondent from knowingly and intentionally going to or within 100 feet of Petitioner's motor vehicle.
  
  - e. prohibiting Respondent from defacing or destroying Petitioner's personal property.

*{Indicate **all** that apply}*

- f. \_\_\_ prohibiting Respondent from going to or within 500 feet of the following place(s) Petitioner or Petitioner's minor child(ren) must go often *{include address}*:
  
  
  
  
  
  
  
  
  
  
- g. \_\_\_ granting Petitioner temporary exclusive use and possession of the home Petitioner and Respondent share;
  
- h. \_\_\_ granting Petitioner on a temporary basis 100% of the time sharing with the parties' minor child(ren);
  
- i. \_\_\_ establishing a temporary parenting plan including a temporary time-sharing schedule for the parties' minor child(ren);
  
- j. \_\_\_ granting temporary alimony for Petitioner;
  
- k. \_\_\_ granting temporary child support for the minor child(ren);

- l. \_\_\_\_ ordering Respondent to participate in treatment, intervention, and/or counseling services;
- m. \_\_\_\_ referring Petitioner to a certified domestic violence center; and any other terms the Court deems necessary for the protection of Petitioner and/or Petitioner's child(ren), including injunctions or directives to law enforcement agencies, as provided in Section 741.30, Florida Statutes.

**I UNDERSTAND THAT BY FILING THIS PETITION, I AM ASKING THE COURT TO HOLD A HEARING ON THIS PETITION, THAT BOTH 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 HEARING, WE WILL BE BOUND BY THE TERMS OF ANY INJUNCTION 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.**

\_\_\_\_\_  
(initials)

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 \_\_\_\_\_

## CIVIL COVER SHEET

### I Case Style

IN THE CIRCUIT COURT OF THE FIFTH JUDICIAL CIRCUIT,  
IN AND FOR CITRUS 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 simultaneously filing more than one type of proceeding against the same opposing party, such as a modification and an enforcement proceeding, 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

**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} \_\_\_\_\_, {telephone number} \_\_\_\_\_.

IN THE CIRCUIT COURT OF THE FIFTH JUDICIAL CIRCUIT,  
IN AND FOR CITRUS 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

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                                 |
|  | <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} \_\_\_\_\_.

IN THE CIRCUIT COURT OF THE \_\_\_\_\_ 5th \_\_\_\_\_ JUDICIAL CIRCUIT,  
IN AND FOR \_\_\_\_\_ CITRUS \_\_\_\_\_ COUNTY, FLORIDA

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

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

and

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

**UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT  
(UCCJEA) AFFIDAVIT**

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

1. The number of minor child(ren) subject to this proceeding is \_\_\_\_\_. The name, place of birth, birth date, and sex of each child; the present address, periods of residence, and places where each child has lived **within the past five (5) years**; and the name, present address, and relationship to the child of each person with whom the child has lived during that time are:

**THE FOLLOWING INFORMATION IS TRUE ABOUT CHILD #   1   :**

Child's Full Legal Name: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

**Child's Residence for the past 5 years:**

Dates (From/To)	Address (including city and state) where child lived	Name and present address of person child lived with	Relationship to child
____/____/____ ____/present*			
____/____			
____/____			

____/____			
____/____			
____/____			

**\* If you are the petitioner in an injunction for protection against domestic violence case and you have filed a Request for Confidential Filing of Address, Florida Supreme Court Approved Family Law Form 12.980(h), you should write confidential in any space on this form that would require you to enter the address where you are currently living.**

**THE FOLLOWING INFORMATION IS TRUE ABOUT CHILD # \_\_\_\_\_:**

Child's Full Legal Name: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

**Child's Residence for the past 5 years:**

Dates (From/To)	Address (including city and state) where child lived	Name and present address of person child lived with	Relationship to child
____/____ <u>present*</u>			
____/____			
____/____			
____/____			
____/____			
____/____			



*[Choose only one]*

\_\_\_\_ I HAVE NO INFORMATION of any custody or time-sharing proceeding pending in a court of this or any other state concerning a child subject to this proceeding.

\_\_\_\_ I HAVE THE FOLLOWING INFORMATION concerning a custody or time-sharing proceeding pending in a court of this or another state concerning a child subject to this proceeding, other than set out in item 2. *Explain:*

- e. Name of each child: \_\_\_\_\_
- f. Type of proceeding: \_\_\_\_\_
- g. Court and state: \_\_\_\_\_
- h. Date of court order or judgment (if any): \_\_\_\_\_

**4. Persons not a party to this proceeding:**

*[Choose only one]*

\_\_\_\_ I DO NOT KNOW OF ANY PERSON not a party to this proceeding who has physical custody or claims to have custody, visitation or time-sharing with respect to any child subject to this proceeding.

\_\_\_\_ I KNOW THAT THE FOLLOWING NAMED PERSON(S) not a party to this proceeding has (have) physical custody or claim(s) to have custody, visitation, or time-sharing with respect to any child subject to this proceeding:

a. Name and address of person: \_\_\_\_\_

\_\_\_\_ has physical custody \_\_\_\_ claims custody rights \_\_\_\_ claims visitation or time-sharing  
Name of each child: \_\_\_\_\_

b. Name and address of person: \_\_\_\_\_

\_\_\_\_ has physical custody \_\_\_\_ claims custody rights \_\_\_\_ claims visitation or time-sharing  
Name of each child: \_\_\_\_\_

c. Name and address of person: \_\_\_\_\_

\_\_\_\_ has physical custody \_\_\_\_ claims custody rights \_\_\_\_ claims visitation or time-sharing  
Name of each child: \_\_\_\_\_

**5. Knowledge of prior child support proceedings:**

*[Choose only one]*

\_\_\_\_ The child(ren) described in this affidavit are NOT subject to existing child support order(s) in this or any state or territory.

\_\_\_\_\_The child(ren) described in this affidavit are subject to the following existing child support order(s):

Name of each child: \_\_\_\_\_

Type of proceeding: \_\_\_\_\_

Court and address: \_\_\_\_\_

Date of court order/judgment (if any): \_\_\_\_\_

Amount of child support paid and by whom: \_\_\_\_\_

**6. I acknowledge that I have a continuing duty to advise this Court of any custody, visitation or time-sharing, child support, or guardianship proceeding (including dissolution of marriage, separate maintenance, child neglect, or dependency) concerning the child(ren) in this state or any other state about which information is obtained during this proceeding.**

I certify that a copy of this document was ( ) mailed ( ) faxed and mailed ( ) e-mailed ( ) hand delivered to the person(s) listed below on {date} \_\_\_\_\_ .

**Other party or his/her attorney:**

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

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

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

Fax Number: \_\_\_\_\_

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



**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 \_\_\_\_\_ HUSBAND \_\_\_\_\_ WIFE

Printed Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Fax 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 deputy clerk.}

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

**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**} ( ) Husband ( ) Wife

This form was completed with the assistance of:

{name of individual} \_\_\_\_\_,  
{name of business} \_\_\_\_\_,  
{address} \_\_\_\_\_,  
{city} \_\_\_\_\_, {state} \_\_\_\_\_, {zip code} \_\_\_\_\_, {telephone number} \_\_\_\_\_ .

# FINAL DISPOSITION FORM

## I Case Style

{Name of Court} Injunctions Court

{Petitioner} \_\_\_\_\_

{Case number} \_\_\_\_\_

{Respondent} \_\_\_\_\_

{Judge} \_\_\_\_\_

## II Means of Final Disposition

Place an "x" on the line for the major category and one subcategory, if applicable only.

\_\_\_\_\_

Dismissed before hearing/trial

\_\_\_ Dismissed pursuant to settlement, before hearing or trial

\_\_\_ Dismissed under a mediated settlement before hearing or trial

\_\_\_ Other, before hearing or trial

\_\_\_\_\_

Dismissed after hearing or trial

\_\_\_ Dismissed pursuant to a settlement, after hearing or trial

\_\_\_ Dismissed pursuant to a mediated settlement, after hearing or trial

\_\_\_ Other after hearing or trial

\_\_\_\_\_

Disposed by default

\_\_\_\_\_

Disposed by judge

\_\_\_\_\_

Disposed by nonjury trial

\_\_\_\_\_

Disposed by jury trial

\_\_\_\_\_

Other {specify} \_\_\_\_\_.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Attorney or Party

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

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

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

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

E-mail address(es): \_\_\_\_\_

Fax 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}* \_\_\_\_\_.