


INSTRUCTIONS FOR FLORIDA SUPREME COURT APPROVED FAMILY LAW FORM  
12.980(g),  
PETITION FOR INJUNCTION FOR PROTECTION AGAINST REPEAT VIOLENCE

**When should this form be used?**


If you or a member of your immediate family are a victim of **repeat violence**, you can use this form to ask the court for a protective order prohibiting repeat violence. Repeat violence means that **two** incidents of violence have been committed against you or a member of your immediate family by another person, **one of which must have been within 6 months of filing this petition**. Repeat violence includes assault, battery, sexual battery, or stalking. Because you are making a request to the court, you are called the **petitioner**. The person whom you are asking the court to protect you from is called the **respondent**. If you are under the age of eighteen and have never been married or had the disabilities of nonage removed by a court, one of your parents or your legal guardian must sign this petition on your behalf.

The parent or legal guardian of any minor child *who is living at home* may seek an injunction for protection against repeat violence on behalf of the minor child. With respect to a minor child who is living at home, the parent or legal guardian must have been an eye-witness to, or have direct physical evidence or **affidavits** from eye-witnesses of, the specific facts and circumstances that form the basis of the petition.



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, you should use **Petition for Injunction for Protection Against Domestic Violence**,  Florida Supreme Court Approved Family Law Form 12.980(b), rather than this form.

This form should be typed or printed in black ink. You should complete this form (giving as much detail as possible) and sign it in the presence of a notary or in front of the **clerk of the circuit court** in the county where you live. The clerk will take your completed petition to a **judge**. You should keep a copy for your records. If you have any questions or need assistance completing this form, the clerk or **family law intake staff** will help you.

**What should I do if the judge grants my petition?**



If the facts contained in your petition convince the judge that you or a member of your immediate family are a victim of repeat violence and that an **immediate and present danger of repeat violence** to you or that family exists, the judge will sign a **Temporary Injunction for Protection Against Repeat Violence**,  Florida Supreme Court Approved Family Law Form 12.980(I). A temporary injunction is issued without notice to the respondent. The clerk will give your **petition**, the temporary injunction, and any other papers filed with your petition to the sheriff or other law enforcement officer for **personal service** on the respondent. The temporary injunction will take effect immediately after the respondent is served with a copy of it. It lasts until a full **hearing** can be held or for a period of 15 days, whichever comes first. The court may extend the temporary injunction beyond 15 days for a good reason, which may include failure to obtain **service** on the respondent.

The temporary injunction is issued “**ex parte**.” This means that the judge has considered only the information presented by one side — YOU. Section I of the temporary injunction gives a date that you should appear in court for a hearing. You will be expected to testify about the facts in your petition. The respondent will

be given the opportunity to testify at this hearing, also. At the hearing, the judge will decide whether to issue a **Final Judgment of Injunction for Protection Against Repeat Violence (After Notice)**,   Florida Supreme Court Approved Family Law Form 12.980(m), which will remain in effect for a specific time period or until modified or dissolved by the court. **If you and/or the respondent do not appear, the temporary injunction may be continued in force, extended, or dismissed, and/or additional orders may be granted, including the imposition of court costs.**

If the judge signs a temporary or final injunction, the clerk will provide you with the necessary copies. **Make sure that you keep one certified copy of the injunction with you at all times!**

### **What can I do if the judge denies my petition?**

If your petition is denied on the grounds that it appears to the court that no immediate and present danger of repeat violence exists, the court will set a full hearing on your petition. The respondent will be notified by **personal service** of your petition and the hearing. If your petition is denied, you may: amend your petition by filing a **Supplemental Affidavit in Support of Petition for Injunction for Protection**,   Florida Supreme Court Approved Family Law Form 12.980 (h); attend the hearing and present facts that support your petition; and/or dismiss your petition.

### **Where can I look for more information?**

**Before proceeding, you should read “General Information for Self-Represented Litigants” found at the beginning of these forms.** The words that are in “**bold underline**” are defined in that section. The clerk of the circuit court or **family law intake staff** will help you complete any necessary forms. For further information, see section 784.046, Florida Statutes, and rule 12.610, Florida Family Law Rules of Procedure.

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

\_\_\_\_\_  
[√ 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 ( ) is not living at home.

2. **Filing Fees**

[√ one only]

\_\_\_\_\_  
a. Petitioner is paying the filing fee and sheriff's (or other authorized law enforcement agency's) service fees.

\_\_\_\_\_  
b. Petitioner does not have enough money to pay the filing fee or service fees and is filing an **Affidavit and Motion for Waiver of Fees for Petition for Injunction for Protection**,  Florida Supreme Court Approved Family Law Form 12.980(a), and a **Family Law Financial Affidavit**,  Florida Family Law Rules of Procedure Form 12.902(b) or (c). Petitioner asks that he/she not have to pay the fees necessary to process the petition and serve the injunction and any motions or orders needed to enforce the injunction, subject to later order(s) of the Court about the payment of such fees.

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

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 repeat 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 a repeat violence injunction for protection against Petitioner?  
\_\_\_ Yes \_\_\_ No If yes, what happened in that case? (include city, state, and 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, battery, sexual battery, or stalking 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.  
On *{date}* \_\_\_\_\_, at *{location}* \_\_\_\_\_,  
Respondent \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

5. Other prior incidents (including dates and location) are described below:  
On *{date}* \_\_\_\_\_, at *{location}* \_\_\_\_\_,  
Respondent \_\_\_\_\_

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

6. Petitioner genuinely fears repeat violence by Respondent. Explain: \_\_\_\_\_

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7. **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 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 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 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: \_\_\_\_\_

\_\_\_\_\_; 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 \_\_\_\_\_

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 \_\_\_\_\_