

**IN THE CIRCUIT COURT OF THE THIRTEENTH JUDICIAL CIRCUIT OF  
THE STATE OF FLORIDA, IN AND FOR HILLSBOROUGH COUNTY**

\_\_\_\_\_

Petitioner

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

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

vs

\_\_\_\_\_

Respondent

**AFFIDAVIT DESCRIBING VIOLATION OF INJUNCTION FOR PROTECTION AGAINST  
DOMESTIC, REPEAT, DATING, AND SEXUAL VIOLENCE; AND STALKING**

**STATE OF FLORIDA**

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|--|
| The undersigned Judge has reviewed the court file and this Affidavit in Support of the Violation of Injunction filed in this cause prior to referral to the State Attorney pursuant to F.S. 741.31 |
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|--|
| Circuit Court Judge _____ Dated: _____ |
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**COUNTY OF HILLSBOROUGH**

**BEFORE THE UNDERSIGNED AUTHORITY** personally appeared the Petitioner in the above-styled cause, who first being duly sworn upon oaths says:

1. Is this the first Affidavit of Violation that you have filed with the Clerk's office concerning this cause? ( ) Yes ( ) No
2. The Respondent in the above-styled cause violated the Injunction for Protection Against Violence entered on \_\_\_\_\_.
3. The Respondent violated the Injunction for Protection on (dates) \_\_\_\_\_.
4. I have placed a check mark by those below which apply to my situation.

\_\_\_\_\_ **Respondent** violated the Injunction by refusing to vacate the dwelling previously shared by the parties.

\_\_\_\_\_ **Respondent** violated the Injunction by going to the **Petitioner's** residence, school, place of employment, or a specific place frequented regularly by the **Petitioner** and any named family or household member.

\_\_\_\_\_ **Respondent** violated the Injunction by committing an act of Domestic Violence against the **Petitioner**.

\_\_\_\_\_ **Respondent** violated the Injunction by using an intentional and unlawful threat, word or act to do violence to the **Petitioner**.

\_\_\_\_\_ **Respondent** violated the Injunction by telephoning, contacting, or communicating with the **Petitioner** directly or indirectly, when such communication was not allowed by the Injunction.



# Information Sheet

(This section to be completed by Clerk)

Date: \_\_\_\_\_ Case No. \_\_\_\_\_ /Division \_\_\_\_\_ Judge: \_\_\_\_\_  
Injunction Issued Date: \_\_\_\_\_ Injunction Hearing Date: \_\_\_\_\_

(This section to be completed by Petitioner)

(Below please indicate if on behalf of children and names)

Petitioner Name: \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_ DOB \_\_\_\_\_

MNBF/FNBF/GNBF: \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_ DOB \_\_\_\_\_

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

(Number, Street, City, State & Zip Code. Do not include P.O. Boxes)

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

### Relationship between the Parties:

Spouse  Former Spouse  Child in common  Living Together as if a Family

Family Member (Describe Relationship) \_\_\_\_\_  Other (Neighbor, friend, co-worker)

Respondent Name: \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_ DOB \_\_\_\_\_

MNBF/FNBF/GNBF: \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_ DOB \_\_\_\_\_

Alias (es): \_\_\_\_\_

Physical Description: Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Scars/Tattoos/Marks: \_\_\_\_\_

### Check all that apply

Violent Tendencies

Alcoholic

Armed & Dangerous

Known to abuse drugs

Mental Health problems

Other \_\_\_\_\_

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

(Number, Street, City, State & Zip Code. Do not include P.O. boxes)

Place of Employment: \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Best Place to Make Service (Check One Only)  Home  Place of Employment

Other location for service: \_\_\_\_\_ Best Time for Service: \_\_\_\_\_

Vehicle Description & License Tag Number: \_\_\_\_\_

(This section to be completed by Clerk)

Protection Order Conditions (Circle all that apply): 01 02 03 04 05 06 07 08 09

Type of Injunction: DV w/Child DV w/out Child Repeat Dating Sexual

Indicate stay away footage: 500 Feet

**VIOLATION OF INJUNCTION FOR PROTECTION**

CIVIL CASE # \_\_\_\_\_

SAO OFFICE # \_\_\_\_\_

\_\_\_\_\_  
Petitioner

Check One:

- ( ) Domestic Violence    ( ) Repeat Violence  
( ) Sexual Violence        ( ) Dating Violence

vs.

\_\_\_\_\_  
Respondent

1. Affidavit received by the Clerk of the Circuit Court on \_\_\_\_\_
2. Were the police called? ( ) Yes    ( ) No
3. What agency? \_\_\_\_\_ Report # \_\_\_\_\_
4. Location of Offense: \_\_\_\_\_
5. Date of Offense: \_\_\_\_\_

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Contact Information

Witnesses

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FOR VAP USE ONLY**

VAP REVIEWED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FOR SAO USE ONLY**

SAO REVIEWED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

PRELIMINARY RECOMMENDATION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IN THE CIRCUIT COURT OF THE THIRTEENTH JUDICIAL CIRCUIT,  
IN AND FOR HILLSBOROUGH COUNTY, FLORIDA**

\_\_\_\_\_  
Petitioner

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

and

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

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

**NOTICE OF CURRENT ADDRESS**

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

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

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

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

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

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

Phone #: \_\_\_\_\_

Phone #: \_\_\_\_\_

**NOTICE OF HEARING**

Please take notice the Petitioner and the Respondent are hereby advised that you are to appear before the Honorable Frances M. Perrone, and testify at a hearing to be held on \_\_\_\_\_ at \_\_\_\_\_ am/pm in courtroom number 302, of the Hillsborough County Edgecomb Courthouse, 800 East Twiggs St, Tampa, FL 33602.

Please take notice the Petitioner and the Respondent are hereby advised that you are to appear before the Honorable Jared E. Smith, and testify at a hearing to be held on \_\_\_\_\_ at \_\_\_\_\_ am/pm in courtroom number 303, of the Hillsborough County Edgecomb Courthouse, 800 East Twiggs St, Tampa, FL 33602.

Please take notice the Petitioner and the Respondent are hereby advised that you are to appear before the Honorable Art McNeil, and testify at a hearing to be held on \_\_\_\_\_ at \_\_\_\_\_ am/pm in courtroom number 1, of the County Office Building, 301 N. Michigan Ave., Plant City, FL 33563.

Please take notice the Petitioner and the Respondent are hereby advised that you are to appear before the Honorable Richard A. Weis, and testify at a hearing to be held on \_\_\_\_\_ at \_\_\_\_\_ am/pm in courtroom number 3, of the County Office Building, 301 N. Michigan Ave., Plant City, FL 33563.

Done this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Judicial Assistant

**If you are a person with a disability who needs any accommodation in order to participate in this proceeding, you are entitled, at no cost to you, to the provision of certain assistance. Please contact the ADA Coordinator, Hillsborough County Courthouse, 800 E. Twiggs St., Room 604, Tampa, Florida 33602, (813) 272-7040, at least 7 days before your scheduled court appearance, or immediately upon receiving this notification if the time before the scheduled appearance is less than 7 days; if you are hearing or voice impaired, call 711.**