

**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

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.

Hillsborough County Clerk of Circuit Court
Sheriff Information Sheet for Data Entry Only

Reference # _____

(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 child/ren and name/s)

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: _____

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: _____

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 Walter R. Heinrich, 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.