

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

_____,
Petitioner

Case Number: _____

Division: _____

vs

_____,
Respondent

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

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

Circuit Court Judge: _____ Dated: _____

**STATE OF FLORIDA
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**.

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 _____

E-mail Address _____

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 # _____

Check One:

- Domestic Violence Repeat Violence
- Sexual Violence Dating Violence
- Stalking Violence

Petitioner

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: _____

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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 Jessica G. Costello, 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 Jack N. Gutman, and testify at a hearing to be held on _____ at _____ am/pm in courtroom number 306, 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 Monique M. Scott, 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.