

**INSTRUCTIONS FOR MOTION TO DISSOLVE
AN INJUNCTION FOR PROTECTION AGAINST
EXPLOITATION OF A VULNERABLE ADULT**

When should this form be used?

This form may be used to dissolve an injunction for protection against exploitation of a vulnerable adult. No specific allegations are required for dissolution of the injunction.

Who may file this form?

This form may be filed by:

- The petitioner who obtained an injunction for protection against exploitation of a vulnerable adult;
- The respondent against whom an injunction for protection against exploitation of a vulnerable adult was entered; or
- The vulnerable adult about whom an injunction for protection against exploitation of a vulnerable adult was entered.

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

_____,
Petitioner

Case Number: _____

Division: _____

vs

_____,
Respondent

**MOTION TO DISSOLVE INJUNCTION AGAINST
EXPLOITATION OF A VULNERABLE ADULT**

I, _____, being sworn, certify that the following statements are true:

1. I am the Petitioner / Respondent / Vulnerable Adult in this case.
2. I currently live at the following address: _____

And my telephone number is: _____

3. This is a request to dissolve the Injunction Against Exploitation of a Vulnerable Adult entered on _____, 20 ____.

4. I am asking the court to dissolve the injunction because: _____

5. I understand that the court may hold a hearing on this motion and, if so, that I must appear at the hearing.

For the foregoing reasons, I ask the court to dissolve the Injunction Against Exploitation of a Vulnerable Adult entered on _____, 20 ____.

I HAVE READ EACH STATEMENT MADE IN THIS MOTION AND EACH SUCH STATEMENT IS TRUE AND CORRECT. I UNDERSTAND THAT THE STATEMENTS MADE IN THIS MOTION ARE BEING MADE UNDER PENALTY OF PERJURY PUNISHABLE AS PROVIDED IN SECTION 837.02, FLORIDA STATUTES.

I HEREBY CERTIFY that a true copy of the foregoing Motion was delivered to _____ by U.S. mail or e-service on _____.

Dated: _____

Signature of Party
Printed Name: _____
Address: _____
City, State, Zip: _____
Telephone Number: _____
Fax Number: _____
Designated E-mail Address(es): _____
