

IN THE CIRCUIT COURT FOR THE _____ JUDICIAL CIRCUIT,
IN AND FOR _____ COUNTY, FLORIDA

Petitioner,

v. Case No. _____

Respondent.

PETITION FOR INJUNCTION FOR PROTECTION AGAINST
EXPLOITATION OF A VULNERABLE ADULT

Before me, the undersigned authority, personally appeared Petitioner,
_____, who has been sworn and says that the
following statements are true:

SECTION I. Vulnerable Adult:

1. The Vulnerable Adult's name is: _____
2. Aliases of the Vulnerable Adult are: _____
3. The date of birth of the Vulnerable Adult is: _____
4. The Vulnerable Adult resides at: _____

5. Does the Vulnerable Adult have one or more impairment that impacts the ability to perform normal activities of daily living or to provide for his or her own care or protection?
_____ Yes _____ No

If so, what are this person's impairments? (*check all that apply*)

- Long-term physical disability
- Sensory disability (e.g., hearing or vision impaired)
- Cognitive disability
- Mental or emotional disability
- Developmental disability
- Infirmary of aging
- Other (*explain*) _____

6. Is there an active Guardianship case involving the Vulnerable Adult?
_____ Yes _____ No

SECTION II. Respondent

1. The Respondent's name is: _____

2. Aliases of the Respondent are: _____

3. The Respondent's last known address is:

4. The Respondent's last known place of employment is:

5. The physical description of the Respondent is:

Race: _____ Gender: _____ Date of Birth: _____
Height: _____ Weight: _____ Eye Color: _____
Hair Color: _____
Distinguishing marks or scars: _____

SECTION III. Reason for Seeking Injunction

1. The Respondent is associated with the Vulnerable Adult as follows: _____

2. Describe, if known:
(1) any other cause of action currently pending between the Petitioner and the Respondent, any proceeding under chapter 744 (Guardianship) concerning the Vulnerable Adult, and any previous or pending attempts by the Petitioner to obtain an injunction for protection against exploitation of the Vulnerable Adult in this or any other circuit, (2) related case numbers, if available, and (3) the results of any such attempts:

(Attach additional sheets as needed.)

- Prohibit the Respondent from having any direct or indirect contact with the Vulnerable Adult
- Restrain the Respondent from committing any acts of exploitation against the Vulnerable Adult
- Freeze the assets of the Vulnerable Adult held at the following depository or financial institutions *(include name, address, and title holders)* even if titled jointly with the Respondent, or in the Respondent's name only, in the court's discretion

- Freeze the credit lines of the Vulnerable Adult at the following financial institution *(include name and address of financial institution and who is on the account)*, even if jointly with the Respondent, in the court's discretion

- Provide any terms the court deems necessary for the protection of the Vulnerable Adult or his or her assets, including any injunctions or directives to law enforcement agencies.

(Attach additional sheets as needed.)

3. If the court enters an injunction freezing assets and/or credit lines, the Petitioner believes that the critical expenses of the Vulnerable Adult will be paid for or provided by the following persons or entities:

(Attach additional sheets as needed.)

4. The Petitioner requests that the following expenses be paid notwithstanding the freeze *(for each expense, list the name of the payee, address, account number if known, amount to be paid, and a brief explanation of why payment is critical)*:

(Attach additional sheets as needed.)

5. I ACKNOWLEDGE THAT PURSUANT TO SECTION 415.1034, FLORIDA STATUTES, ANY PERSON WHO KNOWS, OR HAS REASONABLE CAUSE TO SUSPECT, THAT A VULNERABLE ADULT HAS BEEN OR IS BEING ABUSED, NEGLECTED, OR EXPLOITED HAS A DUTY TO IMMEDIATELY REPORT SUCH KNOWLEDGE OR SUSPICION TO THE CENTRAL ABUSE HOTLINE. I HAVE REPORTED THE ALLEGATIONS IN THIS PETITION TO THE CENTRAL ABUSE HOTLINE.

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

SIGNATURE OF PETITIONER
Printed Name: _____
Address: _____
City, State, Zip: _____
Phone Number: _____
Designated email address(es): _____

DATE

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 _____