

## **INSTRUCTIONS FOR PETITION FOR INJUNCTION FOR PROTECTION AGAINST EXPLOITATION OF A VULNERABLE ADULT**

If you are a person 18 years of age or older whose ability to perform the normal activities of daily living or to provide for his or her own care or protection is impaired due to a mental, emotional, sensory, long-term physical, or developmental disability or dysfunction, or brain damage, or the infirmities of aging, and you find yourself either in imminent danger of becoming or find yourself to be a victim of exploitation, you can use this form to ask the court for a protective order to protect you and your assets. Because you are making a request to the court, you are called the **petitioner**. The person whom you are asking the court to protect you from is called the **respondent**. In determining whether you have reasonable cause to believe you are in imminent danger of becoming or have become a victim of exploitation, the court must consider all relevant factors alleged in the petition, including but not limited to the following:

1. The association between the petitioner and the respondent.
2. If there is an active Guardianship case.
3. Any reports made to a government agency relating to the abuse, neglect, or exploitation of the vulnerable adult; and the results of any such reports or investigations.
4. The vulnerable adult's dependence on the respondent for care; and any alternative provisions for the vulnerable adult's care in the absence of the respondent.
5. The list of any assets, account, or lines of credit at a financial institution that are requesting to be frozen.

This form should be typed or printed in black ink. You should complete this form (giving as much detail as possible) and sign it in front of a **notary public** or the **clerk of the circuit court** in the county where you live. The clerk will take your completed petition to a judge. The clerk will provide you with a copy for your records. If you need assistance or have any questions, the intake clerk will help you.

### **What should I do if the judge grants my petition?**

If the facts contained in your petition convince the judge that you are a victim of exploitation, the judge will sign an immediate Temporary Injunction for Protection Against Exploitation of a Vulnerable Adult. A temporary injunction is issued without notice to the respondent. The clerk will give your petition, the temporary injunction, and any other papers filed with your petition to the sheriff or other law enforcement officer for personal service on the respondent. The sheriff or other law enforcement officer will also receive copies of the Order for service on any financial institutions that require the freezing of your assets. The Temporary Order will last until a full hearing can be held or for a period of 15 days, whichever comes first. The court may extend the temporary injunction beyond 15 days for good reason, which may include failure to obtain service on the respondent.

The temporary injunction is issued **ex parte**. This means that the judge has considered only the information presented by one side—YOU. The temporary injunction gives a date that you must appear in court for a hearing. At that hearing, you will be expected to testify about the facts in your petition. The respondent will also be given the opportunity to testify at this hearing. At the hearing, the judge will decide whether to issue a Final Judgment of Injunction for Protection Against Exploitation of a Vulnerable Adult. The Order will remain in effect for a specific time period or until modified or dissolved by the court. If either you or the respondent do not appear at the final hearing, the temporary injunction may be continued in force, extended, or dismissed, and/or additional orders may be granted, including but not limited to, entry of a permanent injunction and the imposition of court costs. You and the respondent will be bound by the terms of any injunction issued at the final hearing.

**IF EITHER YOU OR THE RESPONDENT DO NOT APPEAR AT THE FINAL HEARING, YOU WILL BOTH BE BOUND BY THE TERMS OF ANY INJUNCTION ISSUED IN THIS MATTER.**

If the judge signs a temporary or final order for injunction, the clerk will provide you with the necessary copies, and both orders are valid and enforceable in all counties of the State of Florida.

### **What can I do if the judge denies my petition?**

If your petition is denied solely on the grounds that it appears to the court that no imminent danger exists, the court will set a full hearing, at the earliest possible time, on your petition, unless you request that no hearing be set. The respondent will be notified by personal service of your petition and the hearing. If your petition is denied, you may attempt to amend your petition under current rules of court.

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

1. The vulnerable adult resides at: \_\_\_\_\_  
\_\_\_\_\_
2. The respondent resides at: \_\_\_\_\_  
\_\_\_\_\_
3. The respondent's last known place of employment is: \_\_\_\_\_  
\_\_\_\_\_
4. The physical description of the respondent is:  
Race: \_\_\_\_\_ Eye Color: \_\_\_\_\_  
Sex: \_\_\_\_\_ Hair Color: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Distinguishing marks or scars:  
Height: \_\_\_\_\_ \_\_\_\_\_  
Weight: \_\_\_\_\_
5. Aliases of the respondent are: \_\_\_\_\_
6. The respondent is associated with the vulnerable adult as follows: \_\_\_\_\_  
\_\_\_\_\_
7. The following describes (1) any other cause of action currently pending between the petitioner and the respondent, any proceeding under chapter 744 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: \_\_\_\_\_

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

8. The following describe the petitioner's knowledge of any reports made to (1) a government agency, including, but not limited to, the Department of Elderly Affairs, the Department of Children and Families, and the adult protective services program relating to the abuse, neglect, or exploitation of the vulnerable adult, (2) any investigations performed by a government agency relating to abuse, neglect, or exploitation of the vulnerable adult, and (3) the results of any such reports or investigations: \_\_\_\_\_

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

9. The petitioner knows the vulnerable adult is either a victim of exploitation or the petitioner has reasonable cause to believe the vulnerable adult is, or is in imminent danger of becoming, a victim of exploitation because the respondent has caused the following incidents or caused the following threats of exploitation: \_\_\_\_\_

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

10. The following describes (1) the petitioner's knowledge of the vulnerable adult's dependence on the respondent for care, (2) alternative provisions for the vulnerable adult's care in the absence of the respondent, if necessary, (3) available resources the vulnerable adult has in order to access such alternative provisions, and (4) the vulnerable adult's willingness to use such alternative provisions: \_\_\_\_\_

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

11. The petitioner knows the vulnerable adult maintains assets, accounts, or lines of credit at the following financial institutions (provide name, address, and account number of each):

Name	Address	Account Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

12. The petitioner believes that the vulnerable adult's assets to be frozen are (check one):

- a. Worth less than \$1500 \_\_\_\_\_
- b. Worth between \$1500 and \$5000 \_\_\_\_\_
- c. Worth more than \$5000 \_\_\_\_\_

13. The petitioner genuinely fears imminent exploitation of the vulnerable adult by the respondent.

14. The petitioner seeks an injunction for the protection of the vulnerable adult, including (mark appropriate section or sections):

- a. \_\_\_ Prohibiting the respondent from having any direct or indirect contact with the vulnerable adult
- b. \_\_\_ Immediately restraining the respondent from committing any acts of exploitation against the vulnerable adult
- c. \_\_\_ Freezing the assets of the vulnerable adult held at (name and address of depository or financial institution) even if titled jointly with the respondent, or in the respondent's name only, in the court's discretion \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- d. \_\_\_ Freezing the credit lines of the vulnerable adult at (name and address of financial institution) even if jointly with the respondent, in the court's discretion \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- e. \_\_\_ Providing 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.

15. If the court enters an injunction freezing assets and 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. 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): \_\_\_\_\_  
\_\_\_\_\_

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

**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.**

**I HAVE READ EACH STATEMENT MADE IN THIS PETITION AND EACH SUCH 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.**

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Party

Printed Name: \_\_\_\_\_

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

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

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Designated E-mail Address(es): \_\_\_\_\_  
\_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF HILLSBOROUGH

Sworn to or affirmed and signed before me on \_\_\_\_\_, 20\_\_, by  
\_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC or DEPUTY CLERK

Printed Name: \_\_\_\_\_

\_\_\_ Personally known

\_\_\_ Produced identification: \_\_\_\_\_