

**CIRCUIT COURT, PINELLAS COUNTY, FLORIDA
CIVIL DIVISION**

UCN: _____ Reference No.: _____

Petitioner,

and

Respondent.

AFFIDAVIT IN SUPPORT OF VIOLATION OF INJUNCTION ORDER

Before the undersigned authority, personally appeared affiant, _____, who was sworn and says under the penalty of perjury that affiant has knowledge of the following facts:

1. An Injunction for Protection was entered in this cause (attached) which was in effect on the date of the alleged violation(s).
2. On or about the ____ day of _____, 20 ____ the Respondent violated the Injunction specifically as follows:

3. Law enforcement **was** / **was not** notified about the above allegation(s). If so, the agency contacted was _____, and the report number is _____.

4. An arrest **was** / **was not** made based on the above allegation(s).

Submitted this ____ day of _____, 20 ____.

Affiant

Submitted to and subscribed before me this ____ day of _____, 20 ____, by Petitioner, who produced _____ as identification and who took an oath.

KEN BURKE
CLERK OF THE CIRCUIT COURT

Notary Public

By: _____
Deputy Clerk

cc: STATE ATTORNEY – DOMESTIC VIOLENCE
SHELTER
RESPONDENT

**CIRCUIT COURT, PINELLAS COUNTY, FLORIDA
CIVIL DIVISION**

UCN: _____ Reference No.: _____

Petitioner,

and

Respondent.

**ORDER ON AFFIDAVIT IN SUPPORT
OF VIOLATION OF INJUNCTION**

The undersigned judge has reviewed the court file and the Affidavit in Support of Violation of Injunction filed in this cause, and based upon this review, and pursuant to Section 741.31, Florida Statutes, and Administrative Order 95-102, and being otherwise fully advised, it is

ORDERED AND ADJUDGED that the Court takes one of the following actions:

_____ The court is hereby requesting that the State Attorney proceed forthwith to determine within 30 working days whether its office will file criminal charges, and if so, forward a copy of the Affidavit in Support of Violation of Injunction to the appropriate law enforcement agency for such further immediate action deemed necessary; and if not, a) prepare a motion for an order to show cause as to why the respondent should not be held in criminal contempt; or b) file both a criminal charge and a motion for an order to show cause; or c) file notice that the case remains under investigation or is pending subject to some other action,

OR

_____ The court has knowledge, based upon its familiarity with the case, that the petitioner, the children of the petitioner, or another person are in immediate danger if the court fails to act prior to the decision of the State Attorney to prosecute, and hereby appoints the State Attorney to file a motion for an order to show cause as to why the respondent should not be held in criminal contempt,

OR

_____ The court has elected to issue a show cause order, a copy of which is attached, without appointment of the State Attorney and hereby formally notices the State Attorney of this proceeding.

_____ **The court finds that the allegations listed in the Affidavit are insufficient as a matter of law to establish indirect criminal contempt.**

DONE AND ORDERED in Pinellas County, Florida, this _____ day of _____, 20 _____.

Circuit Court Judge

Copies furnished to: PETITIONER
 RESPONDENT
 STATE ATTORNEY – DOMESTIC VIOLENCE SECTION
 SPOUSE ABUSE SHELTERS

SERVICE INFORMATION FOR INJUNCTIONS FOR PROTECTION

UCN: _____ Reference No.: _____

The following information is REQUIRED to help the Sheriff's Office in serving the RESPONDENT as soon as possible. It also may alert the deputy to any potential Danger that might be encountered while attempting to serve this injunction. THIS INFORMATION WILL NOT BE PROVIDED TO THE RESPONDENT.

Respondent's Name _____

Alias _____

Address _____

Home Phone _____

Date of Birth _____ Height _____ Weight _____

Hair Color _____ Eye Color _____ Sex _____ Race _____

Scars/Marks/Tattoos or other distinguishing characteristics _____

Place of Employment _____

Address of Employment _____

Work Phone _____ Work Days/Hours _____

Description of Respondent's vehicle:

Year _____ Make _____ Model _____

Color _____ Tag# _____

Is the Respondent known to possess any weapons? _____

If yes, what type? _____

Is Respondent known to be violent to any other than you? _____

Is Respondent Currently in jail? _____

Information where Sheriff's Office can reach you:

Petitioner's Name _____ Date of Birth: _____

Address _____

Phone number (days) _____ Phone number (nights) _____

If we cannot locate the Respondent at his/her home or place of employment, can you suggest other locations where we might locate the Respondent? (Relatives, friends, addresses, hangouts)

Any additional comments by Petitioner _____

CONFIDENTIAL

Case No. _____

PETITIONER/VICTIM INFORMATION

PETITIONER/VICTIM NAME: _____
first name middle initial last name

DATE OF BIRTH: _____ SOCIAL SECURITY #: _____

DRIVERS LICENSE #: _____ STATE: _____

CURRENT ADDRESS: _____
street
_____ city state zip

HOME PHONE NUMBER: _____

WORK PHONE NUMBER: _____

OTHER CONTACT PHONE NUMBER: _____
(beeper, cellphone, etc.)

PLEASE LIST THE NAMES AND PHONE NUMBERS OF TWO CLOSE FRIENDS OR RELATIVES WHO HAVE REGULAR CONTACT WITH YOU, BUT DO NOT LIVE WITH YOU, AND WILL KNOW HOW TO REACH YOU.

1. NAME: _____

HOME PHONE NUMBER: _____

WORK PHONE NUMBER: _____

2. NAME: _____

HOME PHONE NUMBER: _____

WORK PHONE NUMBER: _____