

IN THE CIRCUIT COURT OF 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:

1. The vulnerable adult, _____, whose age is _____ and who resides at (address): _____

2. Section 825.101(14), Florida Statutes, provides that a vulnerable adult is a person 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. Please describe the vulnerable adult's inability to perform the normal activities of daily living: _____

3. The petitioner's relationship to the vulnerable adult is _____, and the petitioner has the right to bring the petition because: _____
4. The respondent resides at: _____

5. The respondent's last known place of employment is: _____

6. The physical description of the respondent is:
Race: _____
Sex: _____
Date of Birth: _____
Height: _____
Weight: _____
Eye Color: _____
Hair Color: _____
Distinguishing marks or scars: _____

7. Aliases of the respondent are: _____
8. The respondent is associated with the vulnerable adult as follows: _____

9. The following describes (1) any other cause of action currently pending between the petitioner and the respondent, any guardianship 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: _____

10. 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: _____

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

12. 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: _____

13. 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): _____

- d. 1 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, including:

17. If the court enters an injunction freezing assets and credit lines:

- a. The petitioner believes that the critical expenses of the vulnerable adult will be paid for or provided by the following persons or entities: _____

OR

- b. The petitioner requests that the following expenses be paid notwithstanding the freezing of assets, accounts, or lines of credit from the following institution(s): _____

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 _____

Sworn to or affirmed and signed before me by means of 1 physical presence or 1 online notarization, on

_____, 20__, by _____.

NOTARY PUBLIC or DEPUTY CLERK

Printed Name: _____

___ Personally known

___ Produced identification: _____