

**IN THE CIRCUIT COURT OF THE SIXTH JUDICIAL CIRCUIT
IN AND FOR PINELLAS COUNTY, FLORIDA
FAMILY LAW DIVISION**

UCN: 52200__DR_____XXFDFD Reference No.: _____

_____,
Petitioner,
and
_____,
Respondent.
_____ /

**MOTION FOR MODIFICATION OF INJUNCTION FOR PROTECTION AGAINST
DOMESTIC VIOLENCE**

I, {full legal name} _____, being sworn, certify that the following statements are true:

SECTION I. MOVING PARTY (This section is about you. It must be completed. However, if you are the petitioner and this is a domestic violence case and you fear that disclosing your address to the respondent would put you in danger, you must complete and file **Petitioner's Request for Confidential Filing of Address**, Florida Supreme Court Approved Family Law Form 12.980(h), and write "confidential" in the space provided on this form for your address and telephone number.) *You must keep your address up to date with the Clerk of the Court so that you will receive your paperwork.*

1. Moving Party is the () petitioner () respondent in this case.
2. Moving Party currently lives at: {street address} _____
{city, state and zip code} _____
Telephone Number: {area code and number} _____
3. Moving Party's attorney's name, address and telephone number is: _____

(If you do not have an attorney, write "none.")

SECTION II. NEW INFORMATION

New information since the previous injunction was issued: (If known, write the other party's new address, place of employment, physical description, vehicle, aliases or nicknames, or attorney's name.)

The Clerk of the Court will mail the Notice of Hearing to the other party. I certify the following is the correct address for the other party:

Other party or his/her attorney:

Name: _____
Address: _____
City, State, Zip Code: _____

I understand that I am swearing or affirming under oath to the truthfulness of the claims made above and that the punishment for knowingly making a false statement includes fines and/or imprisonment.

Dated: _____

Signature of Party _____

STATE OF FLORIDA
COUNTY OF PINELLAS

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 _____

IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW: [fill in **all** blanks]

I, *{full legal name and trade name of nonlawyer}* , _____
a nonlawyer, located at *{street}* , _____ *{city}* , _____
{state} _____ , *{phone}* _____ , helped *{name}* , _____
who is the [/ **one** only] _____ petitioner **or** _____ respondent, fill out this form.