

Injunction for Protection against Exploitation of a Vulnerable Adult FAQs

Before you file:

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.

The Hotline phone number is:

1-800-96Abuse (800-962-2873)

What is a Vulnerable Adult?*

- A person age 18 years or older
- Impaired ability to perform normal activities of daily living
- Impaired ability to provide for their own care or protection
- Impairment is due to any of the following: disability (mental, emotional, sensory, long-term physical or developmental), brain damage, or infirmities of aging

*Per 415.102(28), Florida Statutes

What constitutes Exploitation?*

- Depriving the vulnerable adult of their funds or property
- Depriving the vulnerable adult with diminished capacity of funds or property
- Breach of a fiduciary duty to the vulnerable adult
- Bank account misuse
- Failure to provide necessities

*Per 825.103(1), Florida Statutes

Who may file a Petition?

- A vulnerable adult in imminent danger of being exploited
- The guardian of a vulnerable adult who is in imminent danger of being exploited
- A person or organization acting with the consent of the vulnerable adult, or his or her guardian
- A person who simultaneously files a petition for determination of incapacity and appointment of an emergency temporary guardian with respect to the vulnerable adult

Where to file:

The petition should be filed in the county where the Vulnerable Adult currently or temporarily resides. If the Vulnerable Adult has a court appointed guardian, the petition should be filed in that same guardianship case where the guardian was appointed.

Effect of Providing False Information to the Court

If a petitioner makes false statements in a petition for injunction against the exploitation of a vulnerable adult, the petitioner is subject to criminal penalties and perjury prosecution pursuant to FS 837.02.

**IN THE CIRCUIT COURT OF THE SIXTH JUDICIAL CIRCUIT OF THE STATE OF
FLORIDA IN AND FOR PINELLAS COUNTY**

IN RE:

_____,
Alleged Vulnerable Adult,

_____,
Petitioner,

v.

Case Number: _____

UCN: _____

Division: _____

_____,
Respondent.

_____ /

CONSENT FOR PETITIONER TO FILE ON BEHALF OF VULNERABLE ADULT

I consent to a Petition for Injunction being filed against _____.
(Respondent)

I wish to designate _____ to petition on my behalf
for an injunction for protection against exploitation.

Signature

Print Name

Address: _____

Date: _____

**IN THE CIRCUIT COURT OF THE SIXTH JUDICIAL CIRCUIT OF THE STATE OF
FLORIDA IN AND FOR PINELLAS COUNTY**

IN RE:

_____,
Alleged Vulnerable Adult,

_____,
Petitioner,

v.

Case Number: _____
UCN: _____
Division: _____

_____,
Respondent.

_____ /

**PETITION FOR INJUNCTION FOR PROTECTION
AGAINST EXPLOITATION OF VULNERABLE ADULT**

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

SECTION I: ALLEGED VULNERABLE ADULT

(This section is about the Alleged Vulnerable Adult. It must be completed.)

1. The Alleged Vulnerable Adult's name and date of birth: _____
2. The Alleged Vulnerable Adult resides at: *{street address}* _____
{city, state, and zip code} _____
Telephone Number: *{area code and number}* _____
3. The relationship between the Alleged Vulnerable Adult and the Petitioner: _____
4. The relationship between the Alleged Vulnerable Adult and the Respondent: _____

SECTION II: PETITIONER

1. Petitioner's contact information: _____
Telephone number: *{area code and number}* _____

2. Petitioner's attorney's name, address, and telephone number:

(If the Petitioner does not have an attorney, write "none".)

SECTION III: RESPONDENT

(This section is about the person you want the Alleged Vulnerable Adult to be protected from. It must be completed.)

1. The Respondent resides at: *{last known address}*

2. The Respondent's last known place of employment is: *{name of business and address}*

Working hours: _____

3. Physical description of the Respondent:

Race: _____ Sex: Male _____ Female: _____ Date of birth: _____

Height: _____ Weight: _____ Eye color: _____ Hair color: _____

Distinguishing marks or scars: _____

4. Aliases of the Respondent *{nicknames or other names the Respondent goes by}*:

5. Respondent's attorney's name, address, and telephone number:

(If you do not know whether the Respondent has an attorney, write "unknown". If the Respondent does not have an attorney, write "none".)

SECTION IV: CASE/REPORT HISTORY AND REASON FOR SEEKING PETITION

(This section must be completed.)

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

2. The following describes any other cause of action currently pending between the Petitioner and the Respondent, any proceeding under chapters 393 and 744 concerning the Alleged Vulnerable Adult, and any previous or pending attempts by the Petitioner to obtain an injunction for protection against exploitation of the Alleged Vulnerable Adult in this or any other circuit; related case numbers, if available, and the results of any such attempts:

3. The following describes the Petitioner’s knowledge of any reports made to a law enforcement or 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 Alleged Vulnerable Adult; any investigations performed by a government agency relating to abuse, neglect, or exploitation of the Alleged Vulnerable Adult, and the results of any such reports or investigations:

4. The Petitioner knows the Alleged Vulnerable Adult is either a victim of exploitation or the Petitioner has reasonable cause to believe the Alleged Vulnerable Adult is, or is in imminent danger of becoming, a victim of exploitation because the Respondent has: *{describe in the spaces below the incidents or threats of exploitation}*:

5. The following describes the Petitioner’s knowledge of the Alleged Vulnerable Adult’s dependence on the Respondent for care; alternative provisions for the Alleged Vulnerable Adult’s care in the absence of the Respondent, if necessary; available resources the Alleged Vulnerable Adult has to access such alternative provisions; and the Alleged Vulnerable Adult’s willingness to use such alternative provisions:

6. The Petitioner knows the Alleged Vulnerable Adult maintains assets, accounts, or lines of credit at the following financial institution(s): *{list name, address, and account number of each}*:

	Name of Financial Institution	Address	Account Number
a.	_____	_____	_____
b.	_____	_____	_____
c.	_____	_____	_____
d.	_____	_____	_____
e.	_____	_____	_____

7. The Petitioner believes that the Alleged Vulnerable Adult’s assets to be frozen are: *{mark one}*
 Worth less than \$1,500;
 Worth between \$1,500 and \$5,000; or
 Worth more than \$5,000.

8. The Petitioner genuinely fears imminent exploitation for the Alleged Vulnerable Adult by the Respondent.

SECTION IV: REQUEST FOR INJUNCTION

(This section must be completed.)

- 1. The Petitioner seeks an injunction for the protection of the Alleged Vulnerable Adult, including: *{mark appropriate section or sections}*
 - Prohibiting the Respondent from having any direct or indirect contact with the Alleged Vulnerable Adult.
 - Immediately restraining the Respondent from committing any acts of exploitation against the Alleged Vulnerable Adult.

Freezing the assets of the Alleged 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.

Freezing the credit lines of the Alleged Vulnerable Adult at *{name and address of financial institution}*

even if titled jointly with the Respondent, in the court's discretion.

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

Suspend durable power of attorney

2. Should the court enter an injunction freezing assets and credit lines, the Petitioner believes that the critical expenses of the Alleged Vulnerable Adult will be paid for or provided by the following persons or entities, or 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, and a brief explanation of why the payment is critical}*

	Payee Name	Address	Acct. No.	Amount	Explanation
a.	_____	_____	_____	_____	_____
b.	_____	_____	_____	_____	_____
c.	_____	_____	_____	_____	_____
d.	_____	_____	_____	_____	_____
e.	_____	_____	_____	_____	_____

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 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.**

(Initials)

Dated: _____

Signature of Petitioner

STATE OF FLORIDA
COUNTY OF _____

Sworn to or affirmed and signed before me on this _____ day of _____, 20____,
by _____.
(Name of Affiant)

NOTARY PUBLIC OR DEPUTY CLERK

{SEAL}

*{Print, type, or stamp commissioned name
of notary or clerk.}*

_____ Personally known

_____ Produced identification

Type of identification produced: _____