

**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:

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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:

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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}*:

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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:

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- 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: \_\_\_\_\_