

Exploitation of Vulnerable Adult Injunction

Instructions for Petition for Injunction for Protection Against Exploitation of a Vulnerable Adult

If you are a person 18 years of age or older 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, and you find yourself either in imminent danger of becoming or find yourself to be a victim of exploitation, you can use this form to ask the court for a protective order to protect you and your assets. Because you are making a request to the court, you are called the **Petitioner**. The person whom you are asking the court to protect you from is called the **Respondent**. In determining whether you have reasonable cause to believe you are in imminent danger of becoming or have become a victim of exploitation, the court must consider all relevant factors alleged in the petition, including but not limited to the following:

1. The association between the Petitioner and the Respondent.
2. If there is an active Guardianship case.
3. Any reports made to a government agency relating to the abuse, neglect, or exploitation of the vulnerable adult; and the results of any such reports or investigations.
4. The vulnerable adult's dependence on the Respondent for care; and any alternative provisions for the vulnerable adult's care in the absence of the Respondent.
5. The list of any assets, account, or lines of credit at a financial institution that are requesting to be frozen.

This form should be typed or printed in black ink. You should complete this form (giving as much detail as possible) and sign it in front of a **notary public** or the **clerk of the circuit court** in the county where you live. The clerk will take your completed petition to a judge. The clerk will provide you with a copy for your records. If you need assistance or have any questions, the intake clerk will help you.

What should I do if the judge grants my petition?

If the facts contained in your petition convince the judge that you are a victim of exploitation, the judge will sign an immediate Temporary Injunction for Protection Against Exploitation of a Vulnerable Adult. A temporary injunction is issued without notice to the Respondent. The clerk will give your petition, the temporary injunction, and any other papers filed with your petition to the sheriff or other law enforcement officer for personal service on the Respondent. The sheriff or other law enforcement officer will also receive copies of the Order for service on any financial institutions that require the freezing of your assets. The Temporary Order will last until a full hearing can be held or for a period of 15 days, whichever comes first. The court may extend the temporary injunction beyond 15 days for good reason, which may include failure to obtain service on the Respondent.

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The temporary injunction is issued ex parte. This means that the judge has considered only the information presented by one side –YOU. The temporary injunction gives a date that you must appear in court for a hearing. At that hearing, you will be expected to testify about the facts in your petition. The Respondent will also be given the opportunity to testify at this hearing. At the hearing, the judge will decide whether to issue a Final Judgment of Injunction for Protection Against Exploitation of a Vulnerable Adult. The Order will remain in effect for a specific time period or until modified or dissolved by the court. If either you or the Respondent do not appear at the final hearing, the temporary injunction may be continued in force, extended, or dismissed, and/or additional orders may be granted, including but not limited to, entry of a permanent injunction and the imposition of court costs. You and the Respondent will be bound by the terms of any injunction issued at the final hearing.

IF EITHER YOU OR THE RESPONDENT DO NOT APPEAR AT THE FINAL HEARING, YOU WILL BOTH BE BOUND BY THE TERMS OF ANY INJUNCTION ISSUED IN THIS MATTER.

If the judge signs a temporary or final order for injunction, the clerk will provide you with the necessary copies, and both orders are valid and enforceable in all counties of the State of Florida.

What can I do if the judge denies my petition?

If your petition is denied solely on the grounds that it appears to the court that no imminent danger exists, the court will set a full hearing, at the earliest possible time, on your petition, unless you request that no hearing be set. The Respondent will be notified by personal service of your petition and the hearing. If your petition is denied, you may attempt to amend your petition under current rules of court.

**IN THE CIRCUIT COURT OF THE EIGHTEENTH JUDICIAL CIRCUIT,
IN AND FOR SEMINOLE COUNTY, FLORIDA**

Case No.: _____

_____,
Petitioner,

v.

_____,
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 describes 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):

<u>Institution</u>	<u>Address</u>	<u>Account Number</u>

14. The Petitioner believes that the vulnerable adult's assets to be frozen are (check one):

- a. Worth less than \$1,500
- b. Worth between \$1,500 and \$5,000
- c. Worth more than \$5,000

15. The Petitioner genuinely fears imminent exploitation of the vulnerable adult by the Respondent.

16. The Petitioner seeks an injunction for the protection of the vulnerable adult, including (mark appropriate section or sections):

- a. Prohibiting the Respondent from having any direct or indirect contact with the vulnerable adult.
- b. Immediately restraining the Respondent from committing any acts of exploitation against the vulnerable adult.
- c. Freezing the below assets, accounts, and/or lines of credit of the vulnerable adult, even if titled jointly with the Respondent, or in the Respondent's name only, in the court's discretion:

<u>Institution</u>	<u>Address</u>	<u>Account Number</u>

- d. 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 SEMINOLE

Sworn to or affirmed and signed before me by means of _____ physical presences or _____ online notarization, on _____, 20____, by _____.

Notary Public or Deputy Clerk

Printed Name: _____

_____ Personally known

_____ Produced identification : _____

INJUNCTION FOR PROTECTION DATA ENTRY SHEET (VULNERABLE ADULT)

THE FOLLOWING INFORMATION IS TO ASSIST THE SHERIFF'S OFFICE IN SERVING THE RESPONDENT

RESPONDENT'S INFORMATION (the Person you are filing Petition against)

NAME: Last _____ First _____ Middle _____

ALIAS: _____

RACE: White _____ Black _____ Asian _____ Native American _____ Unknown _____

DISTINGUISHING MARKS/SCARS (IF KNOWN): _____

SEX: M _____ F _____ **DATE OF BIRTH (DOB):** ____ / ____ / ____ **SOCIAL SECURITY NUMBER:** _____

HEIGHT: _____ **WEIGHT:** _____ **HAIR COLOR:** _____ **EYE COLOR:** _____

RESPONDENT'S ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____ **COUNTY:** _____

RESPONDENT'S WORK OR ALTERNATE ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____ **COUNTY:** _____

PHONE NO.: _____ **CELL PHONE/ALTERNATE PHONE NO.:** _____

DOES THE RESPONDENT POSSESS ANY WEAPONS? (circle one): YES/NO (If yes, what types?) _____

IS THE RESPONDENT CURRENTLY IN JAIL? (circle one): YES/NO (If yes, where?) _____

VEHICLE: _____ **DRIVER'S LICENSE NO.:** _____

EMAIL ADDRESS(IF KNOWN): _____

VULNERABLE ADULT INFORMATION (the Person who is filing the Petition or on whose behalf Petition is filed)

NAME: Last _____ First _____ Middle _____ Suffix _____

RACE: White _____ Black _____ Asian _____ Native American _____ Unknown _____ **PHONE NO.:** _____

SEX: M _____ F _____ **DATE OF BIRTH (DOB):** ____ / ____ / ____ **SOCIAL SECURITY NUMBER:** _____

HEIGHT: _____ **WEIGHT** _____ **HAIR COLOR:** _____ **EYE COLOR:** _____

DISTINGUISHING MARKS /SCARS (IF KNOWN): _____

VULNERABLE ADULT'S ADDRESS: _____

VEHICLE _____ **DRIVER'S LICENSE NO.:** _____

EMAIL ADDRESS(IF KNOWN): _____

NAME, ADDRESS, AND TELEPHONE NUMBER (IF KNOWN) OF ATTORNEY OR GUARDIAN FOR THE VULNERABLE ADULT:

PETITIONER'S ADDRESS: (If your address is confidential please put "Confidential")

CITY: _____ **STATE:** _____ **ZIP:** _____

Telephone number is required to notify you when the injunction has been served on the Respondent.

PHONE NO.: _____ **CELL PHONE/ALTERNATE PHONE NO.:** _____

ON BEHALF OF VULNERABLE ADULT: Name _____ Race _____ Sex _____ DOB ____ / ____ / ____

Relationship to VULNERABLE ADULT:

- ____ Vulnerable Adult
- ____ Guardian of Vulnerable Adult who is in imminent danger of being exploited
- ____ Person or organization acting with consent of the Vulnerable Adult, or his or her guardian
- ____ Person who is simultaneously filing a petition for determination of incapacity and appointment of an emergency temporary guardian with respect to the Vulnerable Adult

**IN THE CIRCUIT COURT OF THE EIGHTEENTH JUDICIAL CIRCUIT
IN AND FOR SEMINOLE COUNTY, FLORIDA**

Case No.: _____

Petitioner,

v.

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: _____