

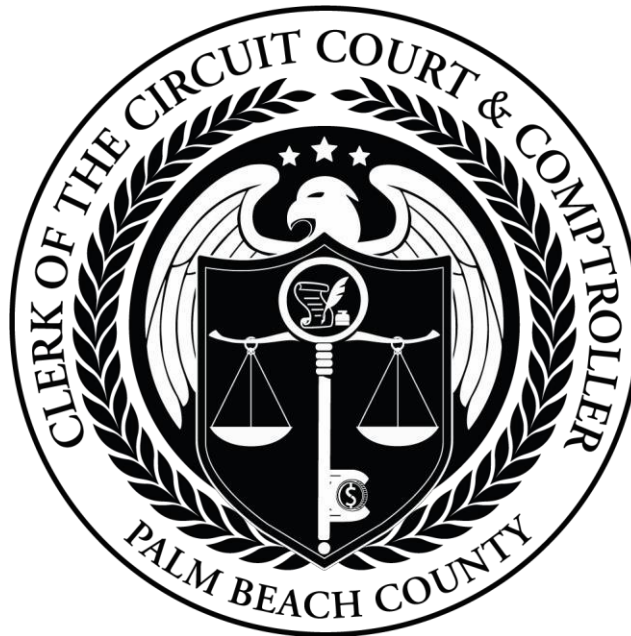
Want to learn more? Attend one of our free Self Service Center DIY Workshops at the Main Courthouse on the first Wednesday of each month from 3:30pm to 4:30pm. Topic varies from month to month. Visit www.mypalmbeachclerk.com for more information.

Joseph Abruzzo

Clerk of The Circuit Court & Comptroller

Self Service Center

Your Guide Through The Courts



Packet #71

Revised 10/2021

Petition for Injunction for Protection Against Exploitation of a Vulnerable Adult

File completed forms in room: 3.23 (Main Branch)

Non-Refundable

FREE



Self Service Center Services

All instructions and forms distributed by the Clerk of the Circuit Court & Comptroller are provided as a public service to persons seeking to represent themselves in court without the assistance of an attorney. These documents are meant to serve as a guide only, and to assist pro se (self-represented) litigants with their cases. Any person using these instructions and/or forms does so at his or her own risk, and the Clerk shall not be responsible for any losses incurred by any person in reliance on the instructions and/or forms.

Below are a few of the services available at the Self Service Center:

(Please review current pricing as fees are subject to change without notice)

Navigator Appointments (for document preparation assistance) Free

Navigators do not provide legal advice but will assist you in completing the forms and provide you with procedural information.

Community Resource Referral- pamphlets	Free
Photocopies prior to filing	\$.15/page
Photocopies after filing	\$1.00/page
Deputy Clerk signing	\$3.50/signature
Notary signing	\$10.00/signature
Single forms	\$1.00/page

For more information, please go to www.mypalmbeachclerk.com, email us at Selfservice@mypalmbeachclerk.com, or visit one of the following locations:

Palm Beach County Courthouse
205 N. Dixie Highway, Rm #1.25
West Palm Beach, Florida 33401
Self Service line: 561-355-7048

North County Courthouse
3188 PGA Blvd
Palm Beach Gardens, Florida 33410
561-624-6650

South County Courthouse
200 W. Atlantic Ave.
Delray Beach, Florida 33444
561-274-1588

West County Courthouse
2950 State Road 15, Rm. #S-100
Belle Glade, Florida 33430
561-996-4843

Additional Legal Resources:

Florida Rural Legal Services
www.frls.org
561-820-8902

Legal Aid Society of Palm Beach County
www.legalaidpbc.org
561-655-8944

Lawyer Referral Service
www.palmbeachbar.org
561-687-3266 (to hire a lawyer to represent you in court or give you legal advice)

Palm Beach County Law Library
<https://www.15thcircuit.com/services/law-library>
561-355-2928



Instructions for Petition for Injunction for Protection Against Exploitation of a Vulnerable Adult (Packet #71)

When should this packet be used?

This packet may be used if a person 18 years of age or older, whose ability to perform the normal activities of daily living or to provide for their 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, is either a victim of exploitation or is in imminent danger of becoming a victim of exploitation. You can use this form to ask the court for a protective order to protect the vulnerable adult and their assets. The Petition may be filed by:

1. The vulnerable adult
2. The guardian of the vulnerable adult, or
3. A person or organization acting on behalf of the vulnerable adult with the consent of the vulnerable adult or his/her guardian.

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 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.

How do I complete this form?

This form should be typed or printed in black or blue ink. You should complete this form, giving as much detail as possible, and sign it in front of a notary public or a clerk of the circuit court in the county where you live. If you are a person or organization acting on behalf of a vulnerable adult you must also have the vulnerable adult sign the "Consent for Petitioner to File on Behalf of Vulnerable Adult" form and you must file this form along with the petition.

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. There is **no fee** to file this petition.



What happens after I file the 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 is held on the petition, which must occur within 15 days of issuing the temporary order.

The temporary injunction is issued ex parte. This means 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 period of time 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, 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 the Judge signs a temporary or final order for injunction, the clerk will provide you with the necessary copies, and the orders will be 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 of the hearing date. To request that no hearing be set you must complete the "Request to Dismiss Petition for Injunction if Temporary Injunction is Denied" form. If your petition is denied you may attempt to amend your petition.



✓ **FORMS CHECKLIST** ✓

Include in Initial Filing:

___ **Petition for Injunction for Protection Against Exploitation of a Vulnerable Adult
(Pages 6-9)**

___ **Vulnerable Adult Description Sheet (Pg. 10)**

File if Applicable to Your Case: If any of these forms are applicable to your case they must be filed. Read the instructions to determine if it is applicable to your case.

___ **Consent For Petitioner to File on Behalf of Vulnerable Adult (Pg. 11)**

___ **Request to Dismiss Petition for Injunction if Temporary Injunction is Denied (Pg. 12)**

___ **Notice of Confidential Information Within Court Filing (Pages 13-14):** Use this form if you have included any confidential information in your paperwork that you would like the Clerk's office to redact. The Clerk's office can only redact information listed in Florida Rule of General Practice & Judicial Administration 2.420.

___ **Petitioner's Motion for Testimony by Telephone or Video Conferencing (Pg. 15)**

IN THE CIRCUIT COURT OF THE FIFTEENTH JUDICIAL CIRCUIT,
IN AND FOR PALM BEACH 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's name is: _____.
2. The aliases of the vulnerable adult are:
_____.
3. The vulnerable adult's date of birth is: _____.
4. The vulnerable adult's address is:
_____.
5. 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 or __ other. Please check all the above that are applicable impairments of the vulnerable adult.
6. The petitioner's name is: _____
7. The petitioner's address is: _____
8. The petitioner's relationship to the vulnerable adult is _____, and the petitioner has the right to bring the petition because: _____
9. How long has the petitioner known the vulnerable adult: _____
10. The respondent's last known address is: _____
11. The respondent's last known place of employment is: _____
12. The physical description of the respondent is:
Race: _____ Eye Color: _____
Sex: _____ Hair Color: _____
Date of Birth: _____ Distinguishing marks or scars:
Height: _____ _____
Weight: _____
13. Aliases of the respondent are: _____

14. The respondent is associated with the vulnerable adult as follows: _____

15. 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: _____

16. 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: _____

17. 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: _____

18. 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: _____

19. 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>

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

- a. Worth less than \$1500
- b. Worth between \$1500 and \$5000
- c. Worth more than \$5000

21. The petitioner genuinely fears imminent exploitation of the vulnerable adult by the respondent.

22. 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:

23. 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 physical presence or online notarization, on _____, 20____, by _____.

NOTARY PUBLIC or DEPUTY CLERK

Printed Name: _____

___ Personally known

___ Produced identification: _____

VULNERABLE ADULT DESCRIPTION SHEET

CASE #: _____ DIVISION: _____

HEARING DATE: _____ TIME: _____

VULNERABLE ADULT NAME/ADDRESS:

RESPONDENT'S NAME/ADDRESS/PHONE NUMBER:

RESPONDENT'S PHYSICAL DESCRIPTION:

DOB: _____ RACE: _____ GENDER: _____ HEIGHT _____

WEIGHT _____ EYE COLOR: _____ HAIR COLOR: _____ OTHER: _____

PETITIONER NAME/ADDRESS:

ADDITIONAL PARTIES TO BE SERVED (IF APPLICABLE):

1. _____ 2. _____

3. _____ 4. _____

IN THE CIRCUIT COURT OF THE FIFTEENTH JUDICIAL CIRCUIT
IN AND FOR PALM BEACH COUNTY, FLORIDA

Petitioner,

v.

Case No.: _____

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 FIFTEENTH JUDICIAL CIRCUIT,
IN AND FOR PALM BEACH COUNTY, FLORIDA

Petitioner,
v. _____
Respondent,

Case No.: _____

**REQUEST TO DISMISS PETITION FOR INJUNCTION
IF TEMPORARY INJUNCTION IS DENIED**

1. I understand that I am entitled to a full, final hearing before a Judge on my Petition for Protection against Exploitation within 15 days of its filing. This hearing will determine if there will be a final/permanent injunction. The Respondent will be served with a copy of my Petition by the _____ Sheriff's Office, Respondent has the right to appear at the final hearing.
2. I understand that the Judge will decide today if there will be a temporary injunction (no contact order) in place during that 15-day period.
3. If the temporary injunction is denied, I understand that the Respondent will still be served with a copy of my Petition even though there is no temporary injunction or "no contact" order in place.

With this knowledge, I do NOT believe it will be in my best interest to have a final hearing if the temporary injunction (no contact order) is denied. I GIVE UP my right to the final hearing and request that the case be dismissed at that time. The case will END and my Petition will NOT be served upon the Respondent. I understand that a victim advocate from _____
_____ may call me to discuss my case, my safety, and my options.

Signature

I HEREBY CERTIFY that a copy of the foregoing was furnished by ____ (email) ____ (delivery) ____ (mail) ____ (fax) on (All parties and Affected Non-Parties. Note: If the name or address of a Party or Affected Non-Party is confidential, DO NOT include such information in this Certificate of Service. Instead, serve the State Attorney or request Court Service. See Rule 2.420(k))

on, _____, 20_____.

Signature
Name _____
Address _____
Phone _____
Florida Bar No. (if applicable) _____
E-mail address _____

IN THE _____ COURT, 15TH
JUDICIAL CIRCUIT, IN AND FOR
PALM BEACH COUNTY, FLORIDA

CASE NO.: _____

Plaintiff/Petitioner,

v.

Defendant/Respondent.

_____/

NOTICE OF CONFIDENTIAL INFORMATION WITHIN COURT FILING

Pursuant to Florida Rule of Judicial Administration 2.420(d)(2), I hereby certify:

() (1) I am filing herewith a document containing confidential information as described in Rule 2.420(d)(1)(B) and that:

(a) The title/type of document is _____, and:

(b) () the entire document is confidential, or

() the confidential information within the document is precisely located at:

_____.

OR

() (2) A document was previously filed in this case that contains confidential information as described in Rule 2.420(d)(1)(B), but a Notice of Confidential Information within Court Filing was not filed with the document and the confidential information was not maintained as confidential by the clerk of the court. I hereby notify the clerk that this confidential information is located as follows:

(a) Title/type of document: _____;

(b) Date of filing (if known): _____;

(c) Date of document: _____;

(d) Docket entry number: _____;

(e) () Entire document is confidential, or

() Precise location of confidential information in document: _____

_____.

Filer's Signature

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a copy of the foregoing was furnished by _____ on: _____

_____ on _____, 20____.

Name
Address
Phone
Florida Bar No. (if applicable)
E-mail address

Note: The clerk of court shall review filings identified as containing confidential information to determine whether the information is facially subject to confidentiality under subdivision (d)(1)(B). The clerk shall notify the filer in writing within 5 days if the clerk determines that the information is NOT subject to confidentiality, and the records shall not be held as confidential for more than 10 days, unless a motion is filed pursuant to subdivision (d)(3) of the Rule. Fla. R. Jud. Admin. 2.420(d)(2).

IN THE CIRCUIT COURT OF THE FIFTEENTH JUDICIAL CIRCUIT,
IN AND FOR PALM BEACH COUNTY, FLORIDA

Petitioner,

Vs.

Case No.: _____

Respondent,

**PETITIONER'S MOTION FOR TESTIMONY BY TELEPHONE OR
VIDEO CONFERENCING**

Petitioner requests that _____ be allowed to testify by phone at the hearing on the Petition for an Injunction Against Exploitation for the following reasons:

1. *[Example]* _____ is currently *[in the hospital/residing in a skilled nursing facility/under the care of home health staff]* for a chronic illness and it would be unsafe to transport her to the courthouse.

2. _____ will have a notary available to take his/her oath for sworn testimony.

/s/ _____
PETITIONER
Address