

TWO FORMS PLUS AN AFFIDAVIT IN THIS FILE

IN THE CIRCUIT COURT OF THE _____ JUDICIAL CIRCUIT
IN AND FOR _____ COUNTY, FLORIDA

_____,
Petitioner,

FAMILY DIVISION

vs.

Case No: _____

_____.
Respondent.

_____/

MOTION TO DISSOLVE TEMPORARY INJUNCTION

COMES NOW the Petitioner, _____, and respectfully requests the Court to enter an order dissolving the temporary injunction issued in the above styled cause pursuant to Fla.R.Civ.P. 1.610(d).

In support thereof the Petitioner does state:

1. Petitioner is the party whom this temporary injunction has been granted in accordance with Fla.R.Civ.P. 1.610.

2 Petitioner requests that a hearing be held within five (5) days after the filing of this motion.

3. Petitioner requests this Court issue an order dissolving the temporary injunction filed by the above named respondent. Fla.R.Civ.P. 1.610, allows either party to request the Court to dissolve or modify the injunction at anytime.

4. Petitioner has lived by the terms of the injunction for the past _____year(s) _____month(s) and there have been no disturbances or situations regarding either party named herein. Moreover, since the filing of this injunction both parties have long settled their differences.

5. The Petitioner is currently incarcerated in the Florida Department of Corrections in an unrelated offense. The existence of the instant injunction is prohibiting the Petitioner's custody from being lowered. The lowering of the Petitioner's custody is necessary so that he can participate in rehabilitative programs including work release.

6. Petitioner requests this Court to issue an order to dissolve the injunction so that he be allowed to participate in a work-release program. This program will help his reentry into the community and allow him to provide support for his children.

WHEREFORE, the Petitioner requests this Court to grant an order to dissolve the instant temporary injunction. Petitioner also requests the Court to provide a copy of the original court's order to Florida Department of Corrections.

Respectfully submitted,

Petitioner, Pro Se

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing document has been furnished to _____

by handing said document to a prison official, for mailing by pre-paid first class U.S. mail on this ___ day of _____, 200__.

Petitioner, Pro Se
DC#
Marion C.I.
P.O. Box 158
Lowell, FL 32663-0158

IN THE CIRCUIT COURT OF THE _____ JUDICIAL CIRCUIT
IN AND FOR _____ COUNTY, FLORIDA

_____,
Petitioner,

vs.

Case No: _____
FAMILY DIVISION

_____.
Respondent.
_____ /

**MOTION TO MODIFY OR DISSOLVE INJUNCTION
FOR PROTECTION AGAINST DOMESTIC/REPEAT VIOLENCE**

COMES NOW, the Respondent, _____, in propria
persona and moves this Honorable Court for appropriate relief in the above styled
cause pursuant to Family Law Rule 12.610(c)(6). In support thereof would state:

I _____, being sworn, certify that the following
statements are true:

1. Moving Party is the Respondent.

Moving Party currently lives at

Moving Party's telephone/contact number is:

Moving Party does not have an attorney in this matter.

2. New information concerning Petitioner:

Address:

Telephone number: ()

Attorney's name and address:

CASE HISTORY

1. Date injunction was entered: _____.

2. Attempts since the date of the current injunction by either party to modify or dissolve this injunction. _____

_____.

3. Complaints/violations of current injunction and disposition: _____

_____.

4. Other court cases involving the parties: _____
_____.

5. Moving Party requests the previously entered injunction for protection against domestic/repeat violence be modified or dissolved for the following specific reasons:

THE GROUNDS AND REASONS FOR WHICH THE
INJUNCTION FOR PROTECTION WAS GRANTED
NO LONGER EXIST, BY REASON OF CHANGED
CONDITIONS

REQUESTED RELIEF

Moving Party understands that the Court will hold a hearing on this motion and that he must appear at this hearing. Moving party requests the Court to enter an appropriate order in this case that modifies or dissolves the previously entered injunction in the following ways:

- 1.
- 2.

Furthermore, Moving Party moves this Court to enter an order to transport him to the hearing from: _____.

Respectfully submitted,

Petitioner, Pro Se

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing document has been furnished to _____

by handing said document to a prison official, for mailing by pre-paid first class U.S. mail on this ___ day of _____, 200__.

Petitioner, Pro Se
DC#
Marion C.I.
P.O. Box 158
Lowell, FL 32663-0158

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

_____,
Petitioner,

FAMILY DIVISION

vs.

Case No: _____

_____,
Respondent. /

MOTION TO MODIFY OR VACATE INJUNCTION

COMES NOW, the Respondent, _____, and moves this Honorable Court to vacate the temporary injunction in the above styled case pursuant to *Fla.R.Civ.P. 1.610(d)* and *Family Law Rule 12.610(c)(6)*.

In support the Respondent would state:

1. On _____ the Honorable _____, Circuit Court Judge, rendered a ‘Temporary Injunction ...’ against the Respondent in the above-captioned cause. No previous attempts to vacate the injunction have been sought.

2. Petitioner requests this Court issue an order dissolving the temporary injunction filed by the above named respondent. *Fla.R.Civ.P. 1.610* allows either party to request the Court to dissolve or modify the injunction at anytime.

3. Petitioner has lived by the terms of the injunction for the past ____ () years and _____ () months and there have been no disturbances or situations regarding either party named herein.

4. Moreover, the basis the Petitioner cited to in her request for the temporary injunction was _____. The situation has substantially changed so that the continuation of the injunction serves no purpose.

5. The Petitioner is currently incarcerated in the Florida Department of Corrections in an unrelated offense. The existence of the instant injunction is prohibiting the Petitioner's custody from being lowered. The lowering of the Petitioner's custody is necessary so that he can participate in rehabilitative programs including work release.

6. Petitioner requests this Court to issue an order to dissolve the injunction so that he would be allowed to participate in a work-release program. This program will help his reentry into the community and allow him to meet his financial obligations in respect to fines and court costs.

7. Petitioner requests that a hearing be held within five (5) days after the filing of this motion with provisions made for his telephonic appearance.

8. The last known address of the Petitioner is:

WHEREFORE, the Petitioner requests this Court to schedule a hearing in this matter, **allow him to appear telephonically**, and to grant an order to vacate the instant temporary injunction. Petitioner also requests the Court to provide a copy of the Court's final order vacating the injunction to Florida Department of Corrections classification department at Marion C.I., P.O. Box 158, Lowell, FL 32663-0158.

Respectfully submitted,

Petitioner, Pro Se

**UNDER PENALTIES OF PERJURY, I DECLARE THAT THE FORGOING
FACTS ARE TRUE AND CORRECT.**

Petitioner, Pro Se

STATE OF FLORIDA
SS
COUNTY OF MARION

The foregoing motion was sworn to, affirmed and executed before me, the undersigned Notary Public, by _____, who produced Department of Corrections Photo-ID # _____ as identification this _____ day of _____ 20____.

My Comm. Expires:

(Print commissioned name here)

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing document has been furnished to _____, (last known address _____, Phone # (____) _____) by furnishing a copy hereto to the Clerk of Court, at _____ by handing said document to a prison official, for mailing by pre-paid first class U.S. mail on this _____ day of _____ 20____.

Petitioner, Pro Se
DC# _____
Marion C.I.
P.O. Box 158
Lowell, FL 32663-0158

_____ DC# _____, 20____

Marion C.I.
P.O. Box 158
Lowell, FL 32663-0158

Clerk of Circuit Court
Family Law Division
_____ County Courthouse

RE: CASE NO.: _____

Dear Honorable Clerk:

Enclosed is the following pleading for filing:

□ Motion to Modify or Vacate Injunction

Please file the pleadings and notify me of your receipt hereof in the SASE provided.

Additionally, as this is a case involving a temporary injunction for alleged domestic violence governed under Rule 12.610 service is required pursuant to Rule 12.610(b)(2)(C). Specifically, please furnish a copy of the enclosed motion to the Petitioner, or otherwise notice her in a manner that is reasonably calculated to apprise her of the pendency of the proceeding. I have supplied an additional copy of the motion for this purpose. The last known address of the Petitioner is:

() _____

Thank you,

Respondent, Pro Se

Cc: _____, Petitioner, c/o Clerk of Circuit Court
File

IN THE CIRCUIT COURT OF THE _____ JUDICIAL CIRCUIT,
IN AND FOR _____ COUNTY, FLORIDA

Case No: _____

Division: _____

Petitioner,

And

Respondent.

**SUPPLEMENT AFFIDAVIT IN SUPPORT OF PETITION FOR
INJUNCTION FOR PROTECTION AGAINST () DOMESTIC VIOLENCE
() REPEAT VIOLENCE () DATING VIOLENCE () SEXUAL
VIOLENCE**

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

1. On {date} _____, at {place and address} _____

Respondent said or did the following things that hurt me or a member of my immediate family member's safety:

[] Check here if you are attaching additional pages to continue these facts.

2. On {*date*}_____, at {*place and address*}_____

the following event(s) took place:_____

[] Check here if you are attaching additional pages to continue these facts.

3. ___ Check here if you are attaching copies of medical records for treatment you may have received for injuries referred to in your petition or in this supplemental affidavit, copies of any police or sheriff reports concerning incidents of violence involving you and Respondent, or any notice of inmate release.

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

Dated: _____

Signature of Petitioner

STATE OF FLORIDA

COUNTY OF _____

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 _____