

INSTRUCTIONS FOR FLORIDA SUPREME COURT APPROVED FAMILY LAW FORM  
12.980(t), PETITION BY AFFIDAVIT FOR ORDER TO SHOW CAUSE  
FOR A VIOLATION OF FINAL JUDGMENT OF INJUNCTION FOR PROTECTION  
AGAINST DOMESTIC VIOLENCE, REPEAT VIOLENCE, DATING VIOLENCE, OR  
SEXUAL VIOLENCE

**When should this form be used?**

You may use this form if you have a valid **Final Judgment of Injunction for Protection Against Domestic Violence, Repeat Violence, Dating Violence, or Sexual Violence** in force which has been violated. You should use this **affidavit** to state the essential facts which establish a violation of the Final Judgment of Injunction.

This form should be typed or printed in black ink. After completing this form, you should sign the form before a **notary public** or the **clerk of the circuit court**. You should then **file** the original with such clerk or judge as determined by the chief judge of your circuit to be the recipient of affidavits of violation, provide a copy to the state attorney of that circuit and keep a copy for your records.

IN THE CIRCUIT COURT OF THE NINETEENTH JUDICIAL CIRCUIT,  
IN AND FOR MARTIN COUNTY, FLORIDA

Case No.: \_\_\_\_\_ DV  
Division: DOMESTIC VIOLENCE

\_\_\_\_\_,  
Petitioner,

and

\_\_\_\_\_,  
Respondent.

**PETITION BY AFFIDAVIT FOR ORDER TO SHOW CAUSE FOR A VIOLATION OF  
FINAL JUDGMENT OF INJUNCTION FOR PROTECTION AGAINST  
( ) DOMESTIC VIOLENCE ( ) REPEAT VIOLENCE ( ) DATING VIOLENCE  
( ) SEXUAL VIOLENCE**

I, *{full legal name}* \_\_\_\_\_, being sworn,  
certify that I have actual knowledge of the following facts as set forth and the following  
statements are true:

1. The Court has previously issued [  one only ]
- \_\_\_\_\_ a. Final Judgment of Injunction for Protection Against Domestic Violence
  - \_\_\_\_\_ b. Final Judgment of Injunction for Protection Against Repeat Violence
  - \_\_\_\_\_ c. Final Judgment of Injunction for Protection Against Dating Violence
  - \_\_\_\_\_ d. Final Judgment of Injunction for Protection Against Sexual Violence

in this case on the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

2. The Final Judgment of Injunction for Protection was served on Respondent on the \_\_\_\_  
day of \_\_\_\_\_, 20\_\_\_\_.

3. On *{date}* \_\_\_\_\_, at *{place and address}* \_\_\_\_\_,  
the following event(s) took place: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



I have read every statement made in this affidavit and each statement is true and correct. I understand that the statements made in this affidavit are being made under penalty of perjury, punishable as provided in Section 837.02, Florida Statutes and that the punishment for knowingly making a false statement includes fines and/or imprisonment.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Petitioner

STATE OF FLORIDA  
COUNTY OF MARTIN

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 \_\_\_\_\_

I certify that a copy of this document was [ one only] ( ) mailed ( ) faxed and mailed ( ) hand delivered to the person(s) listed below on {date}\_\_\_\_\_.

**Other party or his/her attorney:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Fax Number: \_\_\_\_\_