

IN THE CIRCUIT COURT OF THE SECOND JUDICIAL CIRCUIT  
IN AND FOR JEFFERSON COUNTY  
STATE OF FLORIDA

\_\_\_\_\_, Case No. \_\_\_\_\_  
Petitioner

vs.

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

MOTION TO DISSOLVE INJUNCTION FOR PROTECTION  
AGAINST DOMESTIC, REPEAT, DATING OR SEXUAL VIOLENCE

BEFORE ME, the undersigned authority, personally appeared \_\_\_\_ Petitioner  
\_\_\_\_ Respondent, who states under the penalty of perjury that the following statements  
are true:

1. Petitioner resides at \_\_\_\_\_  
\_\_\_\_\_  
Petitioner's home telephone number is: \_\_\_\_\_  
Petitioner's work telephone number is: \_\_\_\_\_

*DO NOT ENTER INFORMATION HERE, AND NOTIFY CLERK, IF YOUR  
ADDRESS IS TO BE KEPT CONFIDENTIAL!!!*

2. Respondent resides at \_\_\_\_\_  
\_\_\_\_\_  
Respondent works at \_\_\_\_\_  
Respondent's date of birth is \_\_\_\_\_ Sex: \_\_\_\_\_  
Respondent's race: \_\_\_\_\_ Respondent's SS#: \_\_\_\_\_  
Aliases of Respondent: \_\_\_\_\_

3. *CHECK ONE:*

- Respondent is the spouse or former spouse of Petitioner.
- Respondent is related by blood or marriage to Petitioner.
- Respondent is presently or has in the past resided together with Petitioner as if family.
- Petitioner is a victim of Repeat Violence.
- Petitioner is a victim of Dating Violence.
- Petitioner is a victim of sexual Violence.

4.  Petitioner  Respondent (*select one*) requests that the Injunction previously entered by this Court be dissolved for the following reasons:

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

*ATTACH ADDITIONAL PAGES IF NECESSARY*

5. *Initial if applicable and true:* \_\_\_\_\_ Petitioner/Respondent understands that dissolving the injunction ends all orders entered in this case. Petitioner makes this decision of her/his own free will. Respondent has not threatened Petitioner in any way or caused Petitioner fear directly or indirectly to dissolve my injunction. Before filing this motion, Petitioner had the opportunity to speak with Refuge House personnel

about the possible results of making this decision, and we explored other alternatives to dissolving my injunction. Petitioner either has talked to Refuge House personnel about dissolving the injunction or Petitioner does not want to talk to them

I certify that a copy of this document was \_\_\_\_\_ mailed, \_\_\_\_\_ faxed and mailed, \_\_\_\_\_ mailed by certified mail/return receipt requested, OR \_\_\_\_\_ furnished to law enforcement officials for personal service (*select one*), to the person listed below on \_\_\_\_\_.

Other party or attorney:

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

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

City/State/Zip: \_\_\_\_\_

Phone/Fax #: \_\_\_\_\_

\_\_\_\_\_  
Signature of Petitioner/Respondent

\_\_\_\_\_  
Printed Name of Petitioner/Respondent

SWORN TO & SUBSCRIBED BEFORE ME on \_\_\_\_\_  
and produced \_\_\_\_\_ as identification.

By: \_\_\_\_\_  
Deputy Clerk