

In the Circuit Court of the  
Eleventh Judicial Circuit,  
In and For Miami-Dade County, Florida

Case No.: \_\_\_\_\_

**ADVERSARY PROCEEDING**

In re: Protection of

\_\_\_\_\_  
Vulnerable Adult

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

and

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

**PETITION FOR INJUNCTION FOR PROTECTION  
AGAINST EXPLOITATION OF A VULNERABLE ADULT  
UNDER SECTION 825.1035, FLORIDA STATUTES**

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 \_\_\_\_\_,  
who resides at (address): \_\_\_\_\_.
2. Section 825.101, Florida Statutes, provides that a vulnerable adult is a person whose  
ability to perform the normal activities of daily living or to provide for the vulnerable  
adult's 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 (last known address): \_\_\_\_\_

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/Scars: \_\_\_\_\_

7. Aliases of the respondent are: \_\_\_\_\_

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

---

---

---

9. The following describes other causes of action:

a) \_\_\_\_\_ there is/are 1 or more cause(s) of action currently pending between the petitioner and the respondent, and/or a proceeding under the Florida Guardianship Code, chapter 744, Florida Statutes, concerning the vulnerable adult. Describe causes of action here:

---

---

b) Related case numbers and county where filed, if available:

---

---

c) \_\_\_\_\_ there are 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. Describe attempts here:

---

---

d) The results of any such attempts:

---

---

10. The following describes the petitioner's knowledge of:

(a) Any reports made to a government agency, such as the Department of Elder Affairs or the Department of Children and Families:

---

---

(b) Any investigations performed by a government agency relating to abuse, neglect, or exploitation of the vulnerable adult:

---

---

(c) 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 (include a description of any incidents or threats of exploitation by the respondent here):

---

---

---

---

---

---

12. The following describes:

a) The petitioner's knowledge of the vulnerable adult's dependence on the respondent for care:

---

---

b) Alternative provisions for the vulnerable adult's care in the absence of the respondent, if necessary:

---

---

c) Available resources the vulnerable adult has for such alternative provisions:

---

\_\_\_\_\_ ; and

d) 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 institutions:

Institution	Address	Account Number
-------------	---------	----------------

---

---

---

---

---

14. If petitioner is seeking to freeze assets of the vulnerable adult, petitioner believes that the vulnerable adult's assets to be frozen are (check 1):

- \_\_\_\_\_ Worth less than \$1,500  
\_\_\_\_\_ Worth from \$1,500 to \$5,000  
\_\_\_\_\_ 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):

\_\_\_\_\_ Prohibiting the respondent from having any direct or indirect contact with the vulnerable adult.

\_\_\_\_\_ Immediately restraining the respondent from committing any acts of exploitation against the vulnerable adult.

\_\_\_\_\_ Freezing the below assets, accounts, and lines of credit of the vulnerable adult, listed below even if titled jointly with the respondent, or in the respondent's name only, in the court's discretion.

Institution	Address	Account Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\_\_\_\_\_ Providing any terms the court deems necessary for the protection of the vulnerable adult of the vulnerable adult's assets,

including any injunctions or directives to law enforcement agencies,  
including:

---

---

17. If the court enters an injunction freezing assets, accounts 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, or lines of credit from the following institution(s):

---

---

---

---

I ACKNOWLEDGE THAT UNDER 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, NEGLECTD, OR EXPLOITED HAS A DUTY TO IMMEDAITELY 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 STATEMNT 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.

\_\_\_\_\_  
Signature of Party

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

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

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

Telephone Number: \_\_\_\_\_

Designated E-mail Address(es): \_\_\_\_\_

\_\_\_\_\_

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_

Sworn to or affirmed and signed before me on \_\_\_\_\_ (date) \_\_\_\_\_.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Notary Public or Deputy Clerk

\_\_\_\_\_ Personally known or \_\_\_\_\_ Produced identification

Type of identification produced: \_\_\_\_\_