

**INSTRUCTIONS FOR MOTION TO DISSOLVE
AN INJUNCTION FOR PROTECTION AGAINST
EXPLOITATION OF A VULNERABLE ADULT**

When should this form be used?

This form may be used to dissolve an injunction for protection against exploitation of a vulnerable adult. No specific allegations are required for dissolution of the injunction.

Who may file this form?

This form may be filed by:

- The petitioner who obtained an injunction for protection against exploitation of a vulnerable adult;
- The respondent against whom an injunction for protection against exploitation of a vulnerable adult was entered; or
- The vulnerable adult about whom an injunction for protection against exploitation of a vulnerable adult was entered.

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

_____,
Petitioner

v.

Case No.: _____

Division: _____

_____,
Respondent

_____ /

**MOTION TO DISSOLVE INJUNCTION AGAINST
EXPLOITATION OF A VULNERABLE ADULT**

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

1. I am the ___ Petitioner / ___ Respondent / ___ Vulnerable Adult in this case.

2. I currently live at the following address: _____

And my telephone number is: _____

3. This is a request to dissolve the Injunction Against Exploitation of a Vulnerable Adult entered on _____, 20__.

4. I am asking the court to dissolve the injunction because: _____

5. I understand that the court may hold a hearing on this motion and, if so, that I must appear at the hearing.

For the foregoing reasons, I ask the court to dissolve the Injunction Against Exploitation of a Vulnerable Adult entered on _____, 20__.

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

Dated: _____

Signature of Party
Printed Name: _____
Address: _____
City, State, Zip: _____
Telephone Number: _____
Fax Number: _____
Designated E-mail Address(es): _____

STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

Sworn to or affirmed and signed before me on _____, 20__, by _____.

NOTARY PUBLIC or DEPUTY CLERK

Printed Name: _____

___ Personally known

___ Produced identification: _____