

IN THE CIRCUIT COURT OF THE FIFTH JUDICIAL CIRCUIT
IN AND FOR MARION COUNTY, FLORIDA

Administrative Order Number: M-2018-10

ADMINISTRATIVE ORDER ESTABLISHING PROCEDURES CONCERNING
RISK PROTECTION ORDERS IN MARION COUNTY

WHEREAS the Florida Legislature has enacted Fla. Stat. 790.401 et seq. which create the Risk Protection Order (“RPO”) with an effective date of March 9, 2018, and procedures are needed locally to implement that law and to make the procedures available for the purposes outlined in the statute; and

WHEREAS numerous interim forms for use in RPO cases have been promulgated since the enactment of the new statute, the establishment of procedures and a single set of forms is necessary for use in Marion County;

NOW THEREFORE the Court enters this administrative order concerning RPOs in Marion County. Effective upon the signing of this Administrative Order, the following procedures will be followed in all cases in which a party seeks issuance, enforcement, vacation, or extension of a temporary or final RPO.


1. Pending further clarification on this point from the Florida Supreme Court or the Chief Judge, when a petition is filed seeking entry of an RPO, it will be filed in the mental health division and will be assigned an “MH” designation.
2. Pending approval of final or revised interim forms, the attached forms are approved for use in Marion County.
3. When a petition for temporary ex parte RPO is filed, it will be reviewed promptly by the judge to whom the MH case is assigned or by that person’s designee, or by the duty judge if the filing is at night or on the weekend or a holiday. The temporary ex parte RPO hearing required by Section 790.401(4) must be held on the day the petition is filed or on the business day immediately following the day the petition is filed. The hearing may be conducted by telephone to reasonably accommodate a disability on the part of the Petitioner or if there are other exceptional circumstances rendering it necessary or appropriate to conduct the hearing by telephone. The court must receive assurances of the identity of the petitioner before

conducting a telephonic hearing. Notwithstanding the foregoing, if the petition is signed under oath, or if it is accompanied by a sworn affidavit, and contains detailed allegations based on personal knowledge that the respondent poses a significant danger of causing personal injury to himself or herself or others in the near future by having in his or her custody or control, or by purchasing, possessing, or receiving, a firearm or ammunition, the court may waive the requirement of the temporary ex parte RPO hearing and proceed to enter a temporary ex parte RPO without a hearing.

4. RPO cases which are initiated during regular business hours of the court will be filed in the mental health division, and the judge assigned to the MH division or his or her designee will be notified that the case has been filed and requires urgent, emergency attention. If the case is initiated in the evening, weekend, holiday, or other time other than regular business hours of the court, the completed, signed, verified petition and accompanying affidavit will be emailed for prompt consideration by the duty judge using the procedures previously established in Marion County for warrants. The law enforcement officer or agency seeking the RPO will not, however, be required to submit the proposed temporary ex parte RPO, forms for which will be made available to the duty judge on the duty iPad.
5. If it should become necessary to seek a warrant under Section 790.401(7)(d), the procedures currently in place for warrants in criminal cases will be followed.
6. The Sheriff of Marion County is authorized and empowered to accept and serve, or to forward for service to another law enforcement agency within Marion County to effect service of any notice of hearing and petition for RPO, temporary ex parte RPO, (final) RPO, or other motion, notice or order required to be served relative to a proceeding for RPO. Nothing herein prevents a judge who enters a temporary ex parte RPO, (final) RPO, or other order from using an electronic signature. Likewise, the judge or clerk may fax, email, or otherwise electronically transmit the signed temporary ex parte RPO, (final) RPO, or other order, to the Sheriff who may forward the same by fax, email, or other electronic transmission for service by another law enforcement agency within the same county.
7. The clerk of court may create a community resource list of crisis intervention, mental health, substance abuse, interpreter, counseling, and other relevant resources serving the county in which the clerk of court is

located. The court will make the community resource list available online to the public on the circuit5.org website along with other information required by Section 790.401(14)(a) of Florida Statutes.

DONE AND ORDERED at Ocala, Marion County, Florida this 23 day of March 2018.



Anthony Tatti, Administrative Judge
Marion County



S. Sue Robbins, Chief Judge
Fifth Judicial Circuit

RISK PROTECTION ORDER ("RPO")

Index to Forms

Title of Form

Petition for Temporary Ex Parte RPO And Instructions

Affidavit (for use with Temporary Ex Parte Petition)

Order Denying Ex Parte Petition

Notice of Hearing for RPO

Temporary Ex Parte Risk Protection Order

Notice of Hearing on Respondent's Compliance With Ex Parte RPO

Petition for RPO and Instructions

RPO (Final) (including language for compliance if appropriate)

Order Denying Petition for RPO (after hearing)

Motion to Vacate RPO or Extension

Order Vacating RPO or Extension

Order Denying Request to Vacate (after hearing)

Order Denying/Granting Request for Hearing on Motion to Vacate

Order on Compliance

Notice to Petitioner of Impending End of RPO

Motion to Extend RPO

Notice of Hearing on Motion to Extend

Order Denying Motion to Extend (After Hearing)

Order Extending RPO or Extension

Notice to Department of Agriculture

**INSTRUCTIONS FOR
PETITION FOR TEMPORARY EX PARTE RISK PROTECTION ORDER**

When should this form be used?

This form should be used to quickly obtain a temporary order that will require a person who is at high risk of harming himself/herself or others to immediately surrender all firearms and ammunition in his/her custody, control, or possession and any license to carry a concealed weapon or firearm. This is only a temporary order and a subsequent hearing and order will be necessary to keep court-ordered conditions against the Respondent in effect.

Who may file this form?

A petition must be filed by a law enforcement officer or law enforcement agency.

Where should this form be filed?

A petition must be filed in the county where the petitioner's law enforcement office is located or the county where the respondent resides.

What must be shown?

The petition and accompanying affidavit must allege specific statements, actions, or facts based on personal knowledge that give rise to a reasonable fear of significant dangerous acts by the Respondent in the near future, and that Respondent poses a significant danger of injury to himself/herself or others by having in his/her control, or by purchasing, possessing, or receiving, a firearm or ammunition.

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

_____,
Petitioner (Law Enforcement
Officer/Agency)

v.

Case No.: _____

Division: _____

_____,
Respondent

PETITION FOR TEMPORARY EX PARTE RISK PROTECTION ORDER

SECTION I. PETITIONER

1. Petitioner's full legal name or name of petitioning agency: _____
2. Petitioner's law enforcement office/agency is located at *{street address, city, state and zip code}*: _____

SECTION II. RESPONDENT

1. Respondent's full legal name: _____
2. Respondent's current address: *{street address, city, state, and zip code}*

3. Physical description of Respondent:
Race: _____ Sex: Male _____ Female _____ Date of Birth: _____
Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____
4. Distinguishing marks or scars: _____
5. Vehicle: *{make/model}* _____ Color: _____ Tag Number: _____
6. Other names Respondent goes by: *{aliases or nicknames}* _____
7. Respondent's email address: *{if known}* _____
8. Respondent's Driver's License number: *{if known}* _____
9. Respondent's attorney's name, address, and telephone number: *{if known}* _____

SECTION III. BASIS FOR PETITION

In support of this Petition the undersigned Law Enforcement Officer/Agency alleges:

1. Respondent poses a significant danger of causing personal injury to himself/herself or others by having a firearm or any ammunition in his/her custody or control or by purchasing, possessing, or receiving a firearm or any ammunition.

2. A sworn affidavit alleging specific statements, actions, or facts based on personal knowledge that give rise to a reasonable fear of significant dangerous acts by the Respondent is attached to this petition and incorporated by reference.

3. The attached sworn affidavit includes a list of the quantities, types, and locations of all firearms and ammunition believed to be in the Respondent’s ownership, possession, custody, or control.

4. Respondent poses a significant danger of injury to himself/herself or others in the near future by having in his/her control, or by purchasing, possessing, or receiving, a firearm or ammunition.

5. Relevant evidence for the Court’s consideration is detailed in the attached affidavit and shows that the Respondent:

_____ was involved in a recent act or threat of violence against himself/herself or others;
_____ engaged in an act or threat of violence, including but not limited to acts or threats of violence against himself/herself, within the past 12 months;
_____ is seriously mentally ill or has recurring mental health issues;
_____ has violated a risk protection order or no contact order issued under sections 741.30, 784.046, or 784.0485, Fla. Stat.;

_____ is the subject of a previous or existing risk protection order;
_____ has violated a previous or existing risk protection order;

_____ has been convicted of, had adjudication withheld on, or pled *nolo contendere* in Florida or in any other state to a crime that constitutes domestic violence as defined in s. 741.28, Fla. Stat.;

_____ has used, or threatened to use, against himself/herself or others, any weapons;

_____ has unlawfully or recklessly used, displayed or brandished a firearm;

_____ has used or threatened to use on a recurring basis physical force against another person or has stalked another person;

_____ has been arrested for, convicted of, had adjudication withheld, or pled *nolo contendere* to a crime involving violence or a threat of violence in Florida or in any other state;

_____ has abused or is abusing controlled substances or alcohol;

_____ has recently acquired firearms or ammunition;

_____ other (additional relevant information may be attached).

SECTION IV. NOTICE

_____ Petitioner has made a good faith effort to provide notice to a family or household member of the Respondent and to any known third party who may be at risk of violence in compliance with s. 790.401(2)(f), Fla.Stat.

_____ Petitioner will take the following steps to provide notice as required by s. 790.401(2)(f), Fla.Stat. _____

SECTION V. TEMPORARY EX PARTE RISK PROTECTION ORDER

For the foregoing reasons, petitioner requests the Court to enter a TEMPORARY EX PARTE RISK PROTECTION ORDER in this matter requiring Respondent to:

1. Immediately surrender all firearms and ammunition in his or her custody, control, or possession and any license to carry a concealed weapon or firearm to the *{name of law enforcement agency}*; _____
2. Not have in his/her custody, control, or possession any firearm or ammunition while this order is in effect;
3. Not purchase, possess, receive, or attempt to purchase or receive, a firearm or ammunition while this order is in effect; and

4. Abide by any other lawful relief the Court may order.

Petitioner further requests this Court to schedule a Hearing for a Risk Protection Order to be held within 14 days.

Respectfully submitted this _____ day of _____, _____.

Signature of Petitioner

Law Enforcement Agency

Service Address

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

Petitioner (Law Enforcement
Officer/Agency)

v.

Case No.: _____

Division: _____

Respondent

AFFIDAVIT

STATE OF FLORIDA

COUNTY OF _____

I, *{full legal name}* _____, in my position as *{job title}* _____ with the *{name of law enforcement office/agency}* _____, swear and affirm that the following facts are true and correct.

1. *{Name of Respondent}* _____ poses a significant danger of causing personal injury to himself/herself or others by having a firearm or any ammunition in his/her custody or control or by purchasing, possessing or receiving a firearm or any ammunition. The following specific statements, actions, or facts give rise to a reasonable fear of significant dangerous acts by the respondent:

_____ Additional pages are attached.

2. *{Name of witness}* _____ provided the following information based on his/her personal knowledge: _____
- _____
- _____
- _____

_____ Additional pages are attached.

3. Affiant ___ is ___ is not aware of any existing protection order governing the respondent under any applicable statute.

_____ Known protection orders are attached.

4. The quantities, types, and locations of all firearms and ammunition the petitioner believes to be in the respondent's current ownership, possession, custody or control are as follows:

Quantity _____ Type _____ Location _____

Quantity _____ Type _____ Location _____

Quantity _____ Type _____ Location _____

Quantity _____ Type _____ Location _____

Quantity _____ Type _____ Location _____

Quantity _____ Type _____ Location _____

_____ Additional pages are attached.

AFFIANT HEREBY CERTIFIES UNDER PENALTY OF PERJURY THAT THE STATEMENTS AND FACTS IN THIS AFFIDAVIT AND IN ANY ATTACHMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Dated: _____

Signature of Affiant: _____

Sworn to or affirmed and signed before me on _____ by _____
who _____ is personally known to me or _____ presented _____, as
identification.

Notary Public, State of Florida
My commission expires: _____

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

Petitioner,
(Law Enforcement Officer/Agency)

v.

Case Number: _____

Division: _____

Respondent.

_____/

**ORDER DENYING PETITION FOR
TEMPORARY EX PARTE RISK PROTECTION ORDER**

THIS CAUSE came before the Court on the Petition for Temporary Ex Parte Risk Protection Order. The Court, having considered the Petition, testimony, record, applicable law, and being otherwise fully advised in the premises, makes the following findings and rulings:

The Petition is hereby **DENIED**. The Court does not find reasonable cause to believe that Respondent poses a significant danger of causing personal injury to himself or herself or others by having in his or her custody or control, or by purchasing, possessing, or receiving, a firearm or any ammunition.

The specific facts or findings for said denial are as follows:

It is therefore **ORDERED and ADJUDGED** that Petitioner's request for a temporary ex parte risk protection order is **DENIED without prejudice** to provide additional evidence at the hearing regarding the risk protection order requested in the Petition, or to file a subsequent petition for risk protection order against the Respondent herein.

DONE AND ORDERED Ocala, Marion County, this _____ day of _____, 20____.

Judge

Copies furnished to:
Petitioner
Respondent

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

Petitioner, (Law Enforcement
Officer/Agency)

Case Number: _____

v.

Division: _____

Respondent.

NOTICE OF HEARING

To: Petitioner, Petitioner's Address, Petitioner's Email Address
Respondent, Respondent's Address, Respondent's Email Address

**YOU ARE HEREBY NOTIFIED THAT PURSUANT TO s. 790.401(3)(a), FLORIDA
STATUTES, A HEARING ON A PETITION FOR A RISK PROTECTION ORDER
HAS BEEN SCHEDULED BEFORE THIS COURT ON:**

(Date) _____, at (time) _____ A.M./P.M., in Courtroom _____, located at the Marion
County Judicial Center, 110 NW 1st Avenue, Ocala, Florida 34475.

**If the petition is granted, you will be required to surrender immediately to the
local law enforcement agency all firearms and any ammunition that you own in your
custody, control, or possession and any license to carry a concealed weapon or firearm
issued to you under s. 790.06, Florida Statutes. Thereafter, you will be prohibited from
having in your custody or control, and prohibited from purchasing, possessing,
receiving, or attempting to purchase or receive, a firearm or ammunition while this
order is in effect.**

DONE AND ORDERED in Ocala, Marion County, this _____ day of
_____, 20____.

Judge

Copies furnished to:
Petitioner
Respondent

REQUESTS FOR ACCOMMODATIONS BY PERSONS WITH DISABILITIES. If you are a person with a disability who needs any accommodation in order to participate in this proceeding, you are entitled, at no cost to you, to the provision of certain assistance. Please contact the ADA Coordinator at the Office of the Trial Court Administrator, Marion County Judicial Center, 110 NW First Avenue, Ocala, Florida 34475, telephone (352) 401-6710, at least seven (7) days before your scheduled court appearance, or immediately upon receiving this notification if the time before the scheduled appearance is less than 7 days; if you are hearing or voice impaired, call 711.

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

Petitioner (Law Enforcement Officer/Agency),

v.

Case Number: _____

Division: _____

Respondent.

TEMPORARY EX PARTE RISK PROTECTION ORDER

THIS CAUSE came before the Court upon the Petition for Temporary Ex Parte Risk Protection Order. The Court having reviewed the Petition, considered all relevant evidence presented, and being otherwise fully advised in the premises, the Petition is hereby **GRANTED**. The Court finds there is reasonable cause to believe the Respondent poses a significant danger of causing personal injury to himself/herself or others in the near future by having in his/her custody or control any firearm or ammunition, or by purchasing, possessing, or receiving, a firearm or ammunition.

The Court has received evidence based on personal knowledge and initialed those facts found that:

_____ The Respondent engaged in a recent act or threat of violence against himself or herself, or others;

_____ The Respondent engaged in an act or threat of violence, including but not limited to acts or threats of violence against himself or herself, within the past 12 months;

_____ The Respondent is seriously mentally ill or has recurring mental health issues;

_____ The Respondent has violated a risk protection order or no contact order issued under sections 741.30, 784.046, or 784.0485, Florida Statutes;

- _____ The Respondent is the subject of a previous or existing risk protection order;
- _____ The Respondent has violated a previous or existing risk protection order;
- _____ The Respondent has been convicted of, had adjudication withheld on, or pled *nolo contendere* to a crime that constitutes domestic violence as defined in section 741.28, Florida Statutes, or in any other state;
- _____ The Respondent has used, or threatened to use, against himself or herself or others, a weapon;
- _____ The Respondent has unlawfully or recklessly used, displayed or brandished a firearm;
- _____ The Respondent has used or threatened to use on a recurring basis physical force against another person, or has stalked another person;
- _____ The Respondent has been arrested for, convicted of, had adjudication withheld, or pled *nolo contendere* to a crime involving violence or a threat of violence in Florida or in another state;
- _____ The Respondent, based on corroborated evidence, has abused or is abusing controlled substances or alcohol;
- _____ The Respondent has recently acquired firearms or ammunition;

In addition, the Court has:

- _____ Considered all relevant information from family and household members concerning the Respondent;
- _____ Received witness testimony while the witness was under oath concerning the present matter; and
- _____ Considered other relevant evidence as follows: _____

Respondent owns, has, and/or is known to have guns or other weapons, including:

_____.

RESPONDENT IS HEREBY ORDERED TO SURRENDER ALL FIREARMS AND AMMUNITION THAT HE/SHE HAS IN HIS/HER CUSTODY, CONTROL OR POSSESSION.

The Final Risk Protection Order Hearing is hereby scheduled in Courtroom _____, in the court facility located at: _____ on _____, 20____, at _____ A.M./P.M. This hearing shall be held to determine if a final risk protection order should be issued.

To the subject of this protection order: This order is valid until the date noted above. You are required to surrender all firearms and ammunition that you own in your custody, control, or possession. You may not have in your custody or control, or purchase, possess, receive, or attempt to purchase or receive, a firearm or ammunition while this order is in effect. You must surrender immediately to the _____ (insert name of local law enforcement agency) all firearms and ammunition in your custody, control, or possession and any license to carry a concealed weapon or firearm issued to you under section 790.06, Florida Statutes. A hearing will be held on the date and at the time noted above to determine if a risk protection order should be issued. Failure to appear at that hearing may result in a court issuing an order against you which is valid for 1 year. You may seek the advice of an attorney as to any matter connected with this order.

Respondent and/or his/her attorney may file any responsive pleadings in this cause with the Clerk of the Circuit Court located at _____, and must submit a copy to the Honorable S. Sue Robbins, at the same address.

A violation of this order constitutes a third-degree felony punishable by up to 5 years in prison and a \$5,000 fine. Respondent has the sole responsibility to refrain from violating this order's provisions. Only a court can change the order and only upon written request.

DONE and ORDERED in Chambers, Ocala, Marion County, Florida, this _____, day of _____, 20____.

Judge

Copies furnished to:

Petitioner
Respondent
Florida Department of Agriculture and Consumer Services

I CERTIFY the foregoing is a true copy of the original as it appears on file in the office of the clerk of the circuit court of Marion County, Florida, and that I have furnished copies of this order as indicated above.

CLERK OF THE CIRCUIT COURT

By:

Print name:

As Deputy Clerk

[SEAL]

ACKNOWLEDGMENT

I, *[name of petitioner]*, acknowledge receipt of a certified copy of this Order Granting Temporary Ex Parte Risk Protection.

[Name of petitioner]

ACKNOWLEDGMENT

I, *[name of respondent]*, acknowledge receipt of a certified copy of this Order Granting Temporary Ex Parte Risk Protection.

[Name of respondent]

Respondent

REQUESTS FOR ACCOMMODATIONS BY PERSONS WITH DISABILITIES. If you are a person with a disability who needs any accommodation in order to participate in this proceeding, you are entitled, at no cost to you, to the provision of certain assistance. Please contact the ADA Coordinator at the Office of the Trial Court Administrator, Marion County Judicial Center, 110 NW First Avenue, Ocala, Florida 34475, telephone (352) 401-6710, at least seven (7) days before your scheduled court appearance, or immediately upon receiving this notification if the time before the scheduled appearance is less than 7 days; if you are hearing or voice impaired, call 711.

IN THE CIRCUIT COURT OF THE FIFTH JUDICIAL CIRCUIT
IN AND FOR MARION COUNTY, FLORIDA

Petitioner, (Law Enforcement Officer/Agency)

v.

Case Number: _____

Division: _____

Respondent

NOTICE OF HEARING
ON RESPONDENT'S COMPLIANCE WITH RISK PROTECTION ORDER

To: Petitioner, Petitioner's Address, Petitioner's Email Address
Respondent, Respondent's Address, Respondent's Email Address

YOU ARE HEREBY NOTIFIED THAT PURSUANT TO SECTION 790.401(7)(f),
FLORIDA STATUTES, A HEARING HAS BEEN SCHEDULED BEFORE THIS
COURT ON:

(Date) _____, at (time) _____ A.M./P.M., in Courtroom _____, located at 110 NW 1st
Avenue, Ocala, Florida 34475.

At or before the scheduled hearing, proof shall be provided to the court that the Respondent
has surrendered any firearms and any ammunition owned by the Respondent in the
Respondent's custody, control, or possession. The above-scheduled hearing may be
cancelled upon a satisfactory showing that the Respondent is in compliance with the
temporary ex parte risk protection order or the risk protection order entered herein.

DONE AND ORDERED in Ocala, Marion County, Florida on this ____ day of
_____, 20__.

Judge

Copies furnished to:
Petitioner
Respondent

REQUESTS FOR ACCOMMODATIONS BY PERSONS WITH DISABILITIES. If you are a person with a disability who needs any accommodation in order to participate in this proceeding, you are entitled, at no cost to you, to the provision of certain assistance. Please contact the ADA Coordinator at the Office of the Trial Court Administrator, Marion County Judicial Center, 110 NW First Avenue, Ocala, Florida 34475, telephone (352) 401-6710, at least seven (7) days before your scheduled court appearance, or immediately upon receiving this notification if the time before the scheduled appearance is less than 7 days; if you are hearing or voice impaired, call 711.

**INSTRUCTIONS FOR
PETITION FOR RISK PROTECTION ORDER**

When should this form be used?

This form should be used to obtain a hearing and a long-term order that will require a person who is at high risk of harming himself/herself or others to immediately surrender all firearms and ammunition in his/her custody, control, or possession and any license to carry a concealed weapon or firearm.

Who may file this form?

A petition must be filed by a law enforcement officer or law enforcement agency.

Where should this form be filed?

A petition must be filed in the county where the petitioner's law enforcement office is located or the county where the respondent resides.

What must be shown?

The petition and accompanying affidavit must allege specific statements, actions, or facts based on personal knowledge that give rise to a reasonable fear of significant dangerous acts by the Respondent, and that Respondent poses a significant danger of injury to himself/herself or others by having in his/her control, or by purchasing, possessing, or receiving, a firearm or ammunition.

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

_____,
Petitioner (Law Enforcement
Officer/Agency)

v.

Case No.: _____

Division: _____

_____,
Respondent

PETITION FOR RISK PROTECTION ORDER

SECTION I. PETITIONER

1. Petitioner's full legal name or name of petitioning agency: _____
2. Petitioner's law enforcement office/agency is located at *{street address, city, state and zip code}*: _____

SECTION II. RESPONDENT

1. Respondent's full legal name: _____
2. Respondent's current address: *{street address, city, state, and zip code}*

3. Physical description of Respondent:
Race: _____ Sex: Male _____ Female _____ Date of Birth: _____
Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____
4. Distinguishing marks or scars: _____
5. Vehicle: *{make/model}* _____ Color: _____ Tag Number: _____
6. Other names Respondent goes by: *{aliases or nicknames}* _____
7. Respondent's email address: *{if known}* _____
8. Respondent's Driver's License number: *{if known}* _____
9. Respondent's attorney's name, address, and telephone number: *{if known}* _____

SECTION III. BASIS FOR PETITION

In support of this Petition the undersigned Law Enforcement Officer/Agency alleges:

1. Respondent poses a significant danger of causing personal injury to himself/herself or others by having a firearm or any ammunition in his/her custody or control or by purchasing, possessing, or receiving a firearm or any ammunition.
2. A sworn affidavit alleging specific statements, actions, or facts based on personal knowledge that give rise to a reasonable fear of significant dangerous acts by the Respondent is attached to this petition and incorporated by reference.
3. The attached sworn affidavit includes a list of the quantities, types, and locations of all firearms and ammunition believed to be in the Respondent's ownership, possession, custody, or control.
4. Respondent poses a significant danger of injury to himself/herself or others by having in his/her control, or by purchasing, possessing, or receiving, a firearm or ammunition.
5. Relevant evidence for the Court's consideration is detailed in the attached affidavit and shows that the Respondent:

_____ was involved in a recent act or threat of violence against himself/herself or others;

_____ engaged in an act or threat of violence, including but not limited to acts or threats of violence against himself/herself, within the past 12 months;

_____ is seriously mentally ill or has recurring mental health issues;

_____ has violated a risk protection order or no contact order issued under sections 741.30, 784.046, or 784.0485, Fla. Stat.;

_____ is the subject of a previous or existing risk protection order;

_____ has violated a previous or existing risk protection order;

_____ has been convicted of, had adjudication withheld on, or pled *nolo contendere* in Florida or in any other state to a crime that constitutes domestic violence as defined in s. 741.28, Fla. Stat.;

_____ has used, or threatened to use, against himself/herself or others, any weapons;
_____ has unlawfully or recklessly used, displayed or brandished a firearm;
_____ has used or threatened to use on a recurring basis physical force against another person
or has stalked another person;
_____ has been arrested for, convicted of, had adjudication withheld, or pled *nolo contendere* to
a crime involving violence or a threat of violence in Florida or in any other state;
_____ has abused or is abusing controlled substances or alcohol;
_____ has recently acquired firearms or ammunition;
_____ other (Additional relevant information may be attached).

SECTION IV. NOTICE

_____ Petitioner has made a good faith effort to provide notice to a family or household
member of the Respondent and to any known third party who may be at risk of violence
in compliance with s. 790.401(2)(f), Fla.Stat.

_____ Petitioner will take the following steps to provide notice as required by s. 790.401(2)(f),
Fla.Stat. _____

SECTION V. RISK PROTECTION ORDER

For the foregoing reasons, petitioner requests the Court to enter a RISK PROTECTION ORDER
in this matter requiring Respondent to:

1. Immediately surrender all firearms and ammunition in his or her custody, control, or
possession and any license to carry a concealed weapon or firearm to the *{name of law
enforcement agency}*; _____
2. Not have in his/her custody, control, or possession any firearm or ammunition while this
order is in effect;
3. Not purchase, possess, receive, or attempt to purchase or receive, a firearm or
ammunition while this order is in effect; and
4. Abide by any other lawful relief the Court may.

Petitioner requests the Risk Protection Order to remain in effect for a period the Court

deems appropriate, up to and including but not exceeding 12 months.

Respectfully submitted this _____ day of _____, _____.

Signature of Petitioner

Law Enforcement Agency

Service Address

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

Petitioner, (Law Enforcement
Officer/Agency)

v.

Case Number: _____
Division: _____

Respondent.

RISK PROTECTION ORDER
(AND NOTICE OF HEARING)

THIS CAUSE came before the Court upon a hearing on Petitioner's Petition for Risk Protection Order.

_____ A Temporary Ex Parte Risk Protection Order was rendered on _____, and Respondent has complied with said order.

The Court having reviewed the Petition, considered all relevant evidence presented, and being otherwise fully advised in the premises, the Petition is hereby **GRANTED**. The Court finds by clear and convincing evidence, specifically identified below, that Respondent poses a significant danger of causing personal injury to himself or herself or others by having in his or her custody or control or by purchasing, possessing, or receiving, a firearm or any ammunition.

The Court has received and considered the following evidence and initialed those facts found by clear and convincing evidence:

_____ The Respondent engaged in a recent act or threat of violence against himself or herself, or others;

_____ The Respondent engaged in an act or threat of violence, including but not limited to acts or threats of violence against himself or herself, within the past 12 months;

_____ The Respondent is seriously mentally ill or has recurring mental health issues;

_____ The Respondent has violated a risk protection order or no contact order issued under sections 741.30, 784.046, or 784.0485, Florida Statutes;

_____ The Respondent is the subject of a previous or existing risk protection order;

_____ The Respondent has violated a previous or existing risk protection order;

_____ The Respondent has been convicted of, had adjudication withheld on, or pled *nolo contendere* to a crime that constitutes domestic violence as defined in section 741.28, Florida Statutes;

_____ The Respondent has used, or threatened to use, against himself or herself or others, any weapons;

_____ The Respondent has unlawfully or recklessly used, displayed or brandished a firearm;

_____ The Respondent has used or threatened to use on a recurring basis physical force against another person or has stalked another person;

_____ The Respondent has been arrested for, convicted of, had adjudication withheld, or pled *nolo contendere* to a crime involving violence or a threat of violence in Florida or in another state;

_____ The Respondent, based on corroborated evidence, has abused or is abusing controlled substances or alcohol;

_____ The Respondent has recently acquired firearms or ammunition;

In addition the Court has:

_____ Considered all relevant information from family and household members concerning the Respondent;

_____ Received witness testimony while the witness was under oath concerning the

present matter; and

_____ Considered other relevant evidence as follows: _____

RESPONDENT IS HEREBY ORDERED TO SURRENDER ALL FIREARMS AND AMMUNITION THAT HE/SHE HAS IN HIS/HER CUSTODY, CONTROL, OR POSSESSION.

_____ *(If Respondent has not previously been served with a Temporary Ex Parte Risk Protection Order in this cause, or has not previously complied with said order)*

Petitioner and Respondent are **ORDERED** to appear for a three-day post-service hearing on _____ at A.M./P.M. in Courtroom _____, to present proof of surrender. A law enforcement officer taking possession of any firearm or ammunition owned by the Respondent, or a license to carry a concealed weapon or firearm held by the Respondent shall issue a receipt identifying all firearms and the quantity and type of ammunition that have been surrendered. Law enforcement shall file the original receipt with the Court. The Court may cancel the hearing upon a satisfactory showing that the Respondent is in compliance with the order.

THIS ORDER shall be in effect until _____, 20____, unless extended or sooner vacated, pursuant to section 790.401, Florida Statutes.

To the Respondent (subject of this protection order): This order will last until the date noted above. If you have not done so already, you must surrender immediately to the *(insert name of local law enforcement agency)* all firearms and ammunition that you own in your custody, control, or possession and any license to carry a concealed weapon or firearm issued to you under section 790.06, Florida Statutes. You may not have in your custody or control, or purchase, possess, receive, or attempt to purchase or receive, a firearm or ammunition while

this order is in effect. You have the right to request one hearing to vacate this order, starting after the date of the issuance of this order, and to request another hearing after every extension of the order, if any. You may seek the advice of an attorney as to any matter connected with this order.

A violation of this order constitutes a third-degree felony punishable by up to 5 years in prison and a \$5,000 fine. You have the sole responsibility to avoid or refrain from violating this order's provisions. Only a court can change the order and only upon written request.

_____ This Court ORDERS Respondent to successfully complete a mental health evaluation/ chemical dependency evaluation within sixty (60) days of the date of this order. A motion for enlargement of time may be granted upon a showing of good cause.]

DONE AND ORDERED in Ocala, Marion County, on this _____ day of _____, 20__ .

Judge

Copies furnished to:

Petitioner
Respondent
Florida Department of Agriculture and Consumer Services

I CERTIFY the foregoing is a true copy of the original as it appears on file in the office of the clerk of the circuit court of *[name of county]*, Florida, and that I have furnished copies of this order as indicated above.

CLERK OF THE CIRCUIT COURT

By:

[Name of deputy clerk]

[SEAL]

ACKNOWLEDGMENT

I, *[name of petitioner]*, acknowledge receipt of a certified copy of this Risk Protection Order.

[Name of petitioner]

ACKNOWLEDGMENT

I, *[name of respondent]*, acknowledge receipt of a certified copy of this Risk Protection Order.

[Name of respondent]

Respondent

REQUESTS FOR ACCOMMODATIONS BY PERSONS WITH DISABILITIES. If you are a person with a disability who needs any accommodation in order to participate in this proceeding, you are entitled, at no cost to you, to the provision of certain assistance. Please contact the ADA Coordinator at the Office of the Trial Court Administrator, Marion County Judicial Center, 110 NW First Avenue, Ocala, Florida 34475, telephone (352) 401-6710, at least seven (7) days before your scheduled court appearance, or immediately upon receiving this notification if the time before the scheduled appearance is less than 7 days; if you are hearing or voice impaired, call 711.

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

Petitioner,
(Law Enforcement Officer/Agency)

v.

Case Number: _____
Division: _____

Respondent.

ORDER DENYING PETITION FOR RISK PROTECTION ORDER

THIS CAUSE came before the Court upon a hearing on Petitioner's Petition for Risk Protection Order. The Court, having considered the petition, testimony, record, applicable law, and being otherwise fully advised in the premises, makes the following findings and rulings:

The Petition is hereby **DENIED**. The Court does not find by clear and convincing evidence that Respondent poses a significant danger of causing personal injury to himself or herself or others by having in his or her custody or control, or by purchasing, possessing, or receiving, a firearm or any ammunition.

The specific facts or findings for said denial are as follows:

It is therefore **ORDERED and ADJUDGED** that Petitioner's Petition for Risk Protection Order is **DENIED without prejudice** to file a subsequent petition for risk protection order against the respondent herein.

DONE AND ORDERED in Ocala, Marion County, this _____ day of _____, 20____.

Judge

Copies furnished to:
Petitioner
Respondent

INSTRUCTIONS FOR MOTION TO VACATE A RISK PROTECTION ORDER

When should this form be used?

This form may be used if you have had a Risk Protection Order entered against you pursuant to section 790.401(3), Florida Statutes, or the order has been extended pursuant to section 790.401(6), F.S. If you use this form, you are the respondent. As respondent, you may file a written request for a hearing to vacate a risk protection order starting after the date the order is issued by the court. You may also file a written request for a hearing to vacate after every extension of the risk protection order, if any.

Who may file this form?

This form may be filed by:

- A respondent who has had a risk protection order entered against him or her pursuant to section 790.401(3), Florida Statutes, and who has not previously filed a written request to vacate the order;
- A respondent who has had a risk protection order against him or her extended, and who has not previously filed a written request to vacate that extension.

IN THE CIRCUIT COURT OF THE FIFTH JUDICIAL CIRCUIT,
IN AND FOR MARION COUNTY, FLORIDA

Case No.: _____

Division: _____

Petitioner,

and

Respondent.

MOTION TO VACATE A RISK PROTECTION ORDER

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

SECTION I.

1. I am the Respondent in this case.
2. I currently live at the following address: *{street address}* _____
{city, state, and zip code} _____
Telephone Number: *{area code and number}* _____
3. My attorney's name, address and telephone number is: _____

(If you do not have an attorney, write "none.")

SECTION II. REQUEST TO VACATE

1. This is a request to vacate a: *{Indicate only one}*
_____ Risk Protection Order entered *{date}* _____ by
{court entering order} _____
_____ Extension of a Risk Protection Order entered *{date}* _____ by
{court entering extension} _____
2. I _____ have _____ have not previously requested a hearing to vacate a _____ Risk Protection Order or _____ Extension of Risk Protection Order. What is the date of your most recent request to vacate either an order or extension? *{date}* _____ i _____

3. I no longer pose a significant danger of causing personal injury to myself or to others by having firearms and/or ammunition in my custody or control, or by purchasing, possessing, or receiving a firearm or ammunition.

4. I ____ have ____ have not committed or threatened violence against myself or others—whether or not such act or threat involved a firearm since issuance of the order or extension.

5. I ____ have ____ have not had mental health issues since the order or extension was issued. Describe any mental health issues with specificity and whether you were hospitalized or put on medication as a result of such issues: _____

6. An ____ injunction for protection or ____ no-contact order ____ has ____ has not been entered against me. This order was entered {date} _____ by {name of court entering order} _____.

7. I ____ have ____ have not violated the injunction for protection or no-contact order.

8. I ____ have ____ have not been convicted or, had adjudication withheld, or pled nolo contendere to a crime that constitutes domestic violence as defined in s. 741.28, F.S., in Florida or another state. If yes, please provide {date} _____ on which such action took place and {court} _____.

9. I ____ have ____ have not been convicted or, had adjudication withheld, or pled nolo contendere to a crime involving violence or a threat of violence in Florida or another state. If yes, please provide {date} _____ on which such action took place and {court} _____.

10. I ____ have ____ have not used physical force or stalked another person. If yes, describe the circumstances: _____

11. I ____ have ____ have not used or threatened to use a weapon against myself or others. If yes, describe the circumstances: _____

12. I ____ have ____ have not recklessly used, displayed, or brandished a firearm. If yes, describe the circumstances: _____

13. I _____ have _____ have not abused alcohol or a controlled substance. If yes, describe the circumstances: _____

14. I have not possessed a firearm or ammunition since any firearms or ammunition of mine was surrendered pursuant to the court's order.

SECTION III. REQUEST FOR RELIEF

1. I understand that the court will hold a hearing on this motion and that I must appear at the hearing.
2. I ask the court to vacate the Risk Protection Order or the Extension of a Risk Protection Order entered in this case.

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 Respondent

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

IN THE CIRCUIT COURT OF THE FIFTH JUDICIAL CIRCUIT,
IN AND FOR MARION COUNTY, FLORIDA

Case No.: _____

Division: _____

Petitioner,
and

Respondent.

ORDER VACATING RISK PROTECTION ORDER OR EXTENSION

This cause came before the Court for a hearing on Respondent's request to vacate the _____ Risk Protection Order _____ Extension of a Risk Protection Order entered {date} _____. The Court, having reviewed the file and heard the testimony, makes these findings of fact and reaches these conclusions of law:

FINDINGS AND CONCLUSIONS:

1. The Court has jurisdiction over the subject matter and the parties.
2. The Respondent has proven by clear and convincing evidence that he/she no longer poses a threat of causing personal injury to himself/herself or others by having firearms or ammunition in his/her custody or control, or by purchasing, possession, or receiving a firearm or ammunition.

ORDERED AND ADJUDGED:

The _____ Risk Protection Order _____ Extension of Risk Protection Order is hereby VACATED.

ORDERED In Ocala, Marion County, Florida on _____.

CIRCUIT JUDGE

Sheriff of _____ County

I CERTIFY the foregoing is a true copy of the original Order Vacating Risk Protection Order as it appears on file in the office of the Clerk of the Circuit Court of _____ County, Florida, and that I have furnished copies of this order as indicated below.

CLERK OF THE CIRCUIT COURT

(SEAL)

By: _____
{Deputy Clerk or Judicial Assistant}

Petitioner (or his or her attorney):

____ by hand delivery in open court (Petitioner acknowledged receipt in writing on the face of the original order--see below.)

____ by certification by clerk (Petitioner failed or refused to acknowledge receipt of a certified copy)

____ by mail to last known address

Respondent (or his or her attorney):

____ by hand delivery in open court (Respondent acknowledged receipt in writing on the face of the original order--see below.)

____ certification by clerk (Respondent failed or refused to acknowledge receipt of a certified copy)

____ by mail to last known address

ACKNOWLEDGMENT

I, {Name of Petitioner} _____, acknowledge receipt of a certified copy of this Order.

Petitioner _____
{Signature of Petitioner}

ACKNOWLEDGMENT

I, {Name of Respondent} _____, acknowledge receipt of a certified copy of this Order.

Respondent _____
{Signature of Respondent}

IN THE CIRCUIT COURT OF THE FIFTH JUDICIAL CIRCUIT,
IN AND FOR MARION COUNTY, FLORIDA

Case No.: _____

Division: _____

Petitioner,

and

Respondent.

ORDER DENYING RESPONDENT'S REQUEST TO VACATE AFTER HEARING

This cause came before the Court for a hearing on Respondent's request to vacate the _____ Risk Protection Order _____ Extension of a Risk Protection Order entered {date} _____. The Court, having reviewed the file and heard the testimony, makes these findings of fact and reaches these conclusions of law:

FINDINGS AND CONCLUSIONS:

1. The Court has jurisdiction over the subject matter and the parties.
2. Respondent has NOT proven by clear and convincing evidence that he/she no longer poses a threat of causing personal injury to himself/herself or others by having firearms or ammunition in his/her custody or control, or by purchasing, possession, or receiving a firearm or ammunition.
3. Respondent may not request another hearing to vacate unless the order presently in effect is extended.

ORDERED AND ADJUDGED:

The _____ Risk Protection Order _____ Extension of Risk Protection Order is NOT vacated but remains in effect.

ORDERED in Ocala, Marion County, Florida on _____.

CIRCUIT JUDGE

I CERTIFY the foregoing is a true copy of the original Order Denying Vacation of Risk Protection Order as it appears on file in the office of the Clerk of the Circuit Court of _____ County, Florida, and that I have furnished copies of this order as indicated below.

CLERK OF THE CIRCUIT COURT

(SEAL)

By: _____
{Deputy Clerk or Judicial Assistant}

Sheriff of Marion County

Petitioner (or his or her attorney):

___ by hand delivery in open court (Petitioner acknowledged receipt in writing on the face of the original order--see below.)

___ by certification by clerk (Petitioner failed or refused to acknowledge receipt of a certified copy)

___ by mail to last known address

Respondent (or his or her attorney):

___ by hand delivery in open court (Respondent acknowledged receipt in writing on the face of the original order--see below.)

___ certification by clerk (Respondent failed or refused to acknowledge receipt of a certified copy)

___ by mail to last known address

ACKNOWLEDGMENT

I, {Name of Petitioner} _____, acknowledge receipt of a certified copy of this Order.

Petitioner _____
{Signature of Petitioner}

ACKNOWLEDGMENT

I, {Name of Respondent} _____, acknowledge receipt of a certified copy of this Order.

Respondent _____
{Signature of Respondent}

IN THE CIRCUIT COURT OF THE FIFTH JUDICIAL CIRCUIT,
IN AND FOR MARION COUNTY, FLORIDA

Case No.: _____

Division: _____

Petitioner,

and

Respondent.

**ORDER DENYING/GRANTING RESPONDENT'S REQUEST FOR A HEARING
TO VACATE RISK PROTECTION ORDER OR EXTENSION
(NOTICE OF HEARING)**

This cause came before the Court for a hearing on Respondent's request for a hearing to vacate the _____ Risk Protection Order _____ Extension of a Risk Protection Order entered {date} _____.
The Court, having reviewed the filed, **ORDERS** as follows:

A. _____ DENIAL OF REQUEST FOR HEARING TO VACATE ORDER OR EXTENSION

Respondent's Request for a Hearing to vacate the Order is **DENIED** because:

_____ Respondent has previously requested a hearing to vacate this Order;

_____ Respondent's Request for a Hearing to Vacate does not comply with s. 790.401(6), F.S.;

_____ Other _____

Respondent may not request another hearing to vacate unless the order presently in effect is extended.

B. _____ GRANTING OF REQUEST FOR HEARING TO VACATE ORDER AND NOTICE OF HEARING:

_____ Respondent has not previously requested a hearing to vacate this Order;

_____ Respondent's Request for a Hearing to Vacate complies with s. 790.401(6), F.S.; therefore, Respondent's Request for a Hearing to vacate the Order is **GRANTED**.

ORDERED in Ocala, Marion County, Florida on _____.

CIRCUIT JUDGE

NOTICE OF HEARING

There will be a hearing on Respondent's Request to Vacate the _____ Risk Protection Order
_____ Extension of Risk Protection Order before Judge {name} _____
on {date} _____, at {time} _____ m., in Room _____ of the _____
County Courthouse, {address} _____
_____ hour(s)/ _____ minutes have been reserved for this hearing.

REQUESTS FOR ACCOMMODATIONS BY PERSONS WITH DISABILITIES. If you are a person with a disability who needs any accommodation in order to participate in this proceeding, you are entitled, at no cost to you, to the provision of certain assistance. Please contact the ADA Coordinator at the Office of the Trial Court Administrator, Marion County Judicial Center, 110 NW First Avenue, Ocala, Florida 34475, telephone (352) 401-6710, at least seven (7) days before your scheduled court appearance, or immediately upon receiving this notification if the time before the scheduled appearance is less than 7 days; if you are hearing or voice impaired, call 711.

I certify that a copy of this document was _____ mailed _____ e-mailed _____ hand-delivered to the person(s) listed below on {date} _____.

CLERK OF THE CIRCUIT COURT

By: _____
{Deputy Clerk or Judicial Assistant}

Petitioner (or his or her attorney)
Respondent (or his or her attorney)

IN THE CIRCUIT COURT OF THE FIFTH JUDICIAL CIRCUIT,
IN AND FOR MARION COUNTY, FLORIDA

Case No.: _____

Division: _____

Petitioner,
and

Respondent.

ORDER ON COMPLIANCE HEARING

This cause came before the Court for a hearing on Respondent's compliance with the Court's previously entered order granting risk protection. Upon the evidence presented, the Court finds:

_____ Respondent has complied with the Court's prior order requiring him or her to surrender firearms, ammunition, and/or license to carry concealed firearms.

_____ Respondent has not complied with the Court's prior order requiring him or her to surrender firearms, ammunition, and/or license to carry concealed firearms.

To the Respondent (subject of this protection order): You must surrender immediately to the proper law enforcement agency all firearms and ammunition that you own in your custody, control, or possession and any license to carry a concealed weapon or firearm issued to you under section 790.06, Florida Statutes. You may not have in your custody or control, or purchase, possess, receive, or attempt to purchase or receive, a firearm or ammunition while the Court's order for risk protection is in effect. You may seek the advice of an attorney as to any matter connected with the order for risk protection or this order. A violation of the order for risk protection constitutes a third-degree felony punishable by up to 5 years in prison and a \$5,000 fine. You have the sole responsibility to avoid or refrain from violating this order's provisions. Only a court can change the order and only upon written request.

Nothing herein prevents the Petitioner or other person from proceeding as provided in Section 790.401(7)(d), Fla. Stat., to seek a warrant authorizing the search and seizure of firearms or ammunition in the manner set forth therein.

ORDERED in Ocala, Marion County, Florida on _____.

CIRCUIT JUDGE

I certify that a copy of this document was _____ mailed _____ e-mailed _____ hand-delivered to the person(s) listed below on *{date}*_____.

CLERK OF THE CIRCUIT COURT

By: _____
{Deputy Clerk or Judicial Assistant}

Petitioner (or his or her attorney)

Respondent (or his or her attorney)

IN THE CIRCUIT COURT OF THE FIFTH JUDICIAL CIRCUIT,
IN AND FOR MARION COUNTY, FLORIDA

Case No.: _____

Division: _____

Petitioner,

and

Respondent.

**NOTICE TO PETITIONER OF IMPENDING END OF RISK PROTECTION
ORDER**

TO: _____, the Petitioner in this cause

As required by Section 790.401(6)(b), Fla. Stat., the Court gives notice of the impending end of the Risk Protection Order entered in this cause on _____ and previously extended on _____ (if applicable.) The Risk Protection Order or order extending same will end on _____. If you intend to seek an extension, you must file a motion to request extension at any time within 30 days before the end of the order. Upon receipt of the motion to extend, the Court shall order that a hearing will be held no later than 14 days after the date the order is issued and shall schedule such hearing, which hearing may be permitted by telephone. Personal service on the Respondent is required.

PLEASE GOVERN YOURSELF ACCORDINGLY.

Dated this _____ day of _____, 2018.

Judge

Copies provided to Petitioner and Respondent by U.S. Mail.

IN THE CIRCUIT COURT OF THE FIFTH JUDICIAL CIRCUIT,
IN AND FOR MARION COUNTY, FLORIDA

Case No.: _____

Division: _____

Petitioner,

and

Respondent.

MOTION TO EXTEND A RISK PROTECTION ORDER

I, *{full legal name}* _____, the Petitioner in this cause, move for extension and show the Court:

1. A final risk protection order was entered in this cause on _____.
2. The final risk protection order has ____ has not ____ previously been extended. The date of the most recent extension, if any, was _____.
3. There has been no material change in relevant circumstances since entry of the prior order.
4. The requirements for issuance of a risk protection order continue to be met, and a risk protection order continues to be necessary.

WHEREFORE, the Petitioner seeks extension of the risk protection order for the maximum period allowed by law, and requests a hearing on this motion.

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 Petitioner

Copy shall be served upon Respondent along with a notice of hearing in the manner required by law.

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

Petitioner, (Law Enforcement
Officer/Agency)

Case Number: _____

v.

Division: _____

Respondent.

NOTICE OF HEARING ON MOTION TO EXTEND RISK PROTECTON ORDER

To: Petitioner, Petitioner's Address, Petitioner's Email Address
Respondent, Respondent's Address, Respondent's Email Address

**YOU ARE HEREBY NOTIFIED THAT PURSUANT TO s. 790.401(6)(c), FLORIDA
STATUTES, A HEARING ON A MOTION TO EXTEND A RISK PROTECTION
ORDER HAS BEEN SCHEDULED BEFORE THIS COURT ON:**

(Date) _____, at (time) _____ A.M./P.M., in Courtroom _____, located at the Marion
County Judicial Center, 110 NW 1st Avenue, Ocala, Florida 34475.

**You are advised that if the court finds by clear and convincing evidence that
the requirements for issuance of a risk protection order continue to be met, the court
must extend the order. If, after notice, the motion or extension is uncontested and no
modification of the order sought, the order may be extended on the basis of a motion
or affidavit stating that there has been no material change in relevant circumstances
since entry of the order and stating the reason for the requested extension.**

DONE AND ORDERED in Ocala, Marion County, this _____ day of
_____, 20____.

Judge

Copies furnished to:
Petitioner
Respondent

REQUESTS FOR ACCOMMODATIONS BY PERSONS WITH DISABILITIES. If you are a person with a disability who needs any accommodation in order to participate in this proceeding, you are entitled, at no cost to you, to the provision of certain assistance. Please contact the ADA Coordinator at the Office of the Trial Court Administrator, Marion County Judicial Center, 110 NW First Avenue, Ocala, Florida 34475, telephone (352) 401-6710, at least seven (7) days before your scheduled court appearance, or immediately upon receiving this notification if the time before the scheduled appearance is less than 7 days; if you are hearing or voice impaired, call 711.

IN THE CIRCUIT COURT OF THE FIFTH JUDICIAL CIRCUIT,
IN AND FOR MARION COUNTY, FLORIDA

Case No.: _____

Division: _____

Petitioner,

and

Respondent.

ORDER DENYING PETITIONER'S MOTION TO EXTEND AFTER HEARING

This cause came before the Court for a hearing on Petitioner's Motion to Extend the _____ Risk Protection Order _____ Extension of a Risk Protection Order entered {date} _____. The Court, having reviewed the file and heard the testimony, makes these findings of fact and reaches these conclusions of law:

FINDINGS AND CONCLUSIONS:

1. The Court has jurisdiction over the subject matter and the parties.
2. _____ (initial if applicable) After notice, either this matter was contested, or a modification of the order was sought.
3. _____ (initial if applicable) Evidence presented at the hearing was insufficient for the Court to find that there has been no material change in relevant circumstances since entry of the order. Specifically, the Court finds: _____

4. _____ (initial if applicable) Evidence presented at the hearing was insufficient for the Court to find that the requirements for issuance of a risk protection order continue to be met. Specifically, the Court finds: _____

5. _____ (initial if applicable) Based upon the evidence presented, the Respondent no longer poses a threat of causing personal injury to himself/herself or others by having firearms or

ammunition in his/her custody or control, or by purchasing, possession, or receiving a firearm or ammunition. Specifically, the Court finds: _____

ORDERED AND ADJUDGED:

The _____ Risk Protection Order _____ Extension of Risk Protection Order is NOT extended.

ORDERED in Ocala, Marion County, Florida on _____.

CIRCUIT JUDGE

I CERTIFY the foregoing is a true copy of the original Order Denying Vacation of Risk Protection Order as it appears on file in the office of the Clerk of the Circuit Court of _____ County, Florida, and that I have furnished copies of this order as indicated below.

CLERK OF THE CIRCUIT COURT

(SEAL)

By: _____
{Deputy Clerk or Judicial Assistant}

Sheriff of Marion County

Petitioner (or his or her attorney):

____ by hand delivery in open court (Petitioner acknowledged receipt in writing on the face of the original order--see below.)

____ by certification by clerk (Petitioner failed or refused to acknowledge receipt of a certified copy)

____ by mail to last known address

Respondent (or his or her attorney):

____ by hand delivery in open court (Respondent acknowledged receipt in writing on the face

of the original order--see below.)

____ certification by clerk (Respondent failed or refused to acknowledge receipt of a certified copy)

____ by mail to last known address

ACKNOWLEDGMENT

I, *{Name of Petitioner}* _____, acknowledge receipt of a certified copy of this Order.

Petitioner _____
{Signature of Petitioner}

ACKNOWLEDGMENT

I, *{Name of Respondent}* _____, acknowledge receipt of a certified copy of this Order.

Respondent _____
{Signature of Respondent}

IN THE CIRCUIT COURT OF THE FIFTH JUDICIAL CIRCUIT,
IN AND FOR MARION COUNTY, FLORIDA

Case No.: _____
Division: _____

Petitioner,
and

Respondent.

ORDER EXTENDING RISK PROTECTION ORDER OR EXTENSION

This cause came before the Court for a hearing on Petitioner's Motion to Extend the _____ Risk Protection Order _____ Extension of a Risk Protection Order entered {date} _____.

The Court, having reviewed the file and heard the testimony, makes these findings of fact and reaches these conclusions of law:

FINDINGS AND CONCLUSIONS:

1. The Court has jurisdiction over the subject matter and the parties.
2. _____ (Initial if applicable) After notice, the motion or extension is uncontested and no modification of the order has been sought. The sworn motion states that there has been no material change in relevant circumstances since entry of the order and states the reason for the requested extension.
3. _____ (Initial if applicable) On clear and convincing evidence presented, there has been no material change in relevant circumstances since entry of the prior order.
4. _____ (Initial if applicable) On clear and convincing evidence presented, the requirements for issuance of a risk protection order continue to be met, and a risk protection order continues to be necessary.

ORDERED AND ADJUDGED:

The _____ Risk Protection Order _____ Extension of Risk Protection Order is hereby extended, and the motion to extend is granted.

THIS ORDER shall be in effect until _____, 20____, unless extended or sooner

vacated, pursuant to section 790.401, Florida Statutes.

To the Respondent (subject of this protection order): This order will last until the date noted above. You may not have in your custody or control, or purchase, possess, receive, or attempt to purchase or receive, a firearm or ammunition, or a license to carry a concealed firearm, while this order is in effect. You have the right to request one hearing to vacate this order, starting after the date of the issuance of this order, and to request another hearing after every extension of the order, if any. You may seek the advice of an attorney as to any matter connected with this order.

A violation of the risk protection order constitutes a third-degree felony punishable by up to 5 years in prison and a \$5,000 fine. You have the sole responsibility to avoid or refrain from violating the order's provisions. Only a court can change the order and only upon written request.

ORDERED in Ocala, Marion County, Florida on _____.

CIRCUIT JUDGE

Sheriff of _____ County

I CERTIFY the foregoing is a true copy of the original Order Vacating Risk Protection Order as it appears on file in the office of the Clerk of the Circuit Court of _____ County, Florida, and that I have furnished copies of this order as indicated below.

CLERK OF THE CIRCUIT COURT

(SEAL)

By: _____
{Deputy Clerk or Judicial Assistant}

Petitioner (or his or her attorney):

____ by hand delivery in open court (Petitioner acknowledged receipt in writing on the face of the original order--see below.)

____ by certification by clerk (Petitioner failed or refused to acknowledge receipt of a certified copy)

____ by mail to last known address

Respondent (or his or her attorney):

____ by hand delivery in open court (Respondent acknowledged receipt in writing on the face of the original order--see below.)

____ certification by clerk (Respondent failed or refused to acknowledge receipt of a certified copy)

____ by mail to last known address

ACKNOWLEDGMENT

I, *{Name of Petitioner}* _____, acknowledge receipt of a certified copy of this Order.

Petitioner _____
{Signature of Petitioner}

ACKNOWLEDGMENT

I, *{Name of Respondent}* _____, acknowledge receipt of a certified copy of this Order.

Respondent _____
{Signature of Respondent}

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

Petitioner, (Law Enforcement
Officer/Agency)

v.

Case Number: _____
Division: _____

Respondent.

NOTICE TO DEPARTMENT OF AGRICULTURE
[§ 790.401(10)(c), Florida Statutes]

Date of Issuance of Risk Protection Order or ex parte Risk Protection Order:

Available identifying information concerning Respondent:

Name:
Current Address:
Race:
Gender:
Date of Birth:
Physical Description:

CERTIFICATE OF SERVICE

I **HEREBY CERTIFY** that this Notice has been furnished via filing with the Florida Courts E-Filing Portal on _____ to the service list for this matter, and to the Department of Agriculture and Consumer Services at RPO@FreshFromFlorida.com.

Judicial Assistant