

IN THE CIRCUIT COURT OF THE FIRST JUDICIAL CIRCUIT,
IN AND FOR SANTA ROSA COUNTY, FLORIDA

_____Petitioner

Case No: _____

Division: _____

_____Respondent

MOTION FOR REHEARING

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

SECTION I. MOVING PARTY (This section is about you. It must be completed. However, if you are the Petitioner and this is a domestic violence or sexual violence case and you fear that disclosing your address to the Respondent would put you in danger, you should complete and file Petitioner's Request for Confidential Filing of Address, Florida Supreme Court Approved Family Law Form 12.980(h), and write "confidential" in the space provided on this form for your address and telephone number.)

1. Moving Party is the () Petitioner () Respondent in this case.
2. Moving Party currently lives at: {street address} _____
{city, state, and zip code} _____
Telephone number: {area code and number} _____
3. Moving Party's attorney's name, address, and telephone number is: _____

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

SECTION II. CASE HISTORY AND REASON FOR SEEKING REHEARING

1. The previously entered Injunction:

() was issued on _____
() was dismissed on _____
() was extended on _____
() was modified on _____
() Other: _____

2. Moving party requests the following to be reheard:

- () Final Hearing on Petition for Injunction
- () Final Judgment Dismissal Request
- () Motion for Extension of Final Injunction
- () Motion for Modification
- () Other: _____

3. Describe any attempts since the date of the current injunction by either Petitioner or Respondent to get an injunction for protection in this or any other court (other than this case).

4. Reason for requesting the rehearing:

☐ Check here if you are attaching additional pages to continue these facts.

SECTION III. REQUESTED RELIEF

1. Moving Party understands that the court will hold a hearing on this motion and that he or she must appear at the hearing.
2. Moving Party asks the Court to enter an order in this case, that grants the rehearing of the following: _____

I certify that a copy of this document was [☒ one only] () mailed () faxed and mailed ()
mailed by certified mail, return receipt requested, () furnished to Sheriffs of _____
County for personal service to the person(s) listed below on { date } _____

Other party or his/her attorney:

Name: _____

Address: _____

City, State, Zip: _____

Fax Number: _____

Designated E-mail Address(es): _____

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

Dated: _____

Signature of Moving Party

STATE OF FLORIDA
COUNTY OF SANTA ROSA

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

Notary Public or Deputy Clerk

[Print, type, or stamp commissioned
name of notary clerk.]

_____ Personally known

_____ Produced identification

Type of identification produced: _____