

**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 TENTH JUDICIAL CIRCUIT  
IN AND FOR POLK 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\_\_.

5. I am asking the court to dissolve the injunction because: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. 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 \_\_\_\_\_

Sworn to or affirmed and signed before me on \_\_\_\_\_, 20\_\_, by \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC or DEPUTY CLERK

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

\_\_\_ Personally known

\_\_\_ Produced identification: \_\_\_\_\_