

IN THE CIRCUIT COURT OF THE _____ JUDICIAL CIRCUIT,
IN AND FOR _____ COUNTY, FLORIDA

Case No.: _____

Division: _____

_____,
Petitioner,

and

_____,
Respondent.

Description of Respondent:

Sex: _____

Eye color: _____

Race: _____

Hair color: _____

Height: _____

Last known address: _____

Weight: _____

DOB: _____

ORDER TO SHOW CAUSE

This cause comes before the court for review based upon the alleged conduct of Respondent for the issuance of an Order to Show Cause directed to {name} _____ for violation of the Final Judgment of Injunction for Protection as is more specifically set forth in the **Petition By Affidavit For Order To Show Cause For a Violation Of Final Judgment Of Injunction For Protection**, a copy of which is attached hereto and made a part hereof.

NOW, THEREFORE, you, {name} _____, are hereby ORDERED to appear before this court before Judge {name} _____, on {date} _____, at {time} _____ .m., in Room _____ of the _____ Courthouse, located at _____, to be arraigned. A subsequent hearing will be scheduled requiring Respondent to show cause why he/she should not be held in contempt of this court for violation of the Final Judgment of Injunction for Protection as is stated in the attached **Petition By Affidavit For Order To Show Cause For a Violation of Final Judgment of Injunction For Protection**. Punishment, if imposed, may include a fine and incarceration.

Should the court determine, based on the evidence presented at the hearing, that Respondent's conduct warrants sanctions for civil contempt in addition to or instead of indirect criminal contempt, the court reserves the right to find Respondent guilty of civil contempt and impose appropriate civil sanctions.

The court hereby appoints the State Attorney's Office to prosecute the case.

Respondent is advised that he/she is entitled to be represented by counsel.

IT IS FURTHER ORDERED that the Sheriff of this county serve this **Order to Show Cause** by delivering copies to Respondent, with proof of Sheriff's service.

ORDERED in _____ County, Florida, on *{date}* _____.

Judge

Copies to:

_____ State Attorney

_____ Petitioner or Counsel for Petitioner

_____ Respondent or Counsel for Respondent

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 *{name}* _____,
{address} _____, *{telephone}* _____,

within 2 working days of your receipt of this order. If you are hearing or voice impaired, call TDD 1-800-955-8771.