

INSUFFICIENT

IN THE CIRCUIT COURT OF THE THIRTEENTH JUDICIAL CIRCUIT  
OF THE STATE OF FLORIDA, IN AND FOR HILLSBOROUGH COUNTY  
FAMILY LAW DIVISION

JACK D LEWIS

Petitioner,

Case No.: 97-7370

vs.

CAROLE A LEWIS

Respondent.

Division: V

PETITION FOR INJUNCTION FOR PROTECTION  
AGAINST DOMESTIC VIOLENCE

Before me, the undersigned authority, appeared the Petitioner, who has been sworn and says that the following statements are true:

(a) An immediate and present danger of domestic violence exists and irreparable harm and injury will probably occur in the form of violence to Petitioner or person lawfully with Petitioner unless this Injunction is issued without notice.

(b) Petitioner resides at\*: 12802 EASY ST  
No. Street Apt. No.  
TAMPA FLA 33625  
City State Zip Code

Physical Description of Petitioner: Sex M Race W DOB 4/30/38 Age 57

\*Petitioner may furnish address to the Court in a separate confidential filing if, for safety reasons, the Petitioner requires the location of the current residence to be confidential.

(c) Respondent resides at: 12802 EASY ST  
No. Street Apt. No.  
TAMPA FLA 33625  
City State Zip Code

Physical Description of Respondent: Sex F Race W DOB 4/6/61 Age 36-7

Height 5/10 Weight 165 Hair Color BLOND Eye Color BROWN

Aliases: -X Scars, Tatoos: X

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(d) Respondent's Place of Employment: HOME

Address: 12802 EASY ST  
No. Street

TPA FLA 33625  
City State Zip Code

Check (✓) the best location for the Sheriff's office to find the Respondent and serve a copy of the Injunction: (✓) Residence; ( ) Employment; ( ) County Jail; ( ) Other Residence (List Address): \_\_\_\_\_

What is the best time for the Sheriff to find them at this location?: 8 AM 10 PM

Respondent's Vehicle Description and License Tag No. ?

(e) To the best of my knowledge, the Respondent has, in the past: (Check (✓) Yes or No)

- 1. Sought professional treatment for Alcohol or Drug Abuse? ( ) Yes (✓) No
- 2. Been involuntarily held for evaluation under the Baker Act? ( ) Yes (✓) No
- 3. Obtained or attempted to obtain an Injunction for Protection Against Domestic Violence against you? ( ) Yes (✓) No

(f) The Petitioner has, in the past:

- 1. Sought professional treatment for Alcohol or Drug Abuse? ( ) Yes (✓) No
- 2. Been involuntarily held for evaluation under the Baker Act? ( ) Yes (✓) No
- 3. Obtained or attempted to obtain an Injunction for Protection against the Respondent? ( ) Yes (✓) No

(g) Relationship of Respondent to Petitioner {Check (✓) only one item below}:

- (✓) Respondent is the spouse of the Petitioner.
- ( ) Respondent is the former spouse of the Petitioner.
- ( ) Related by blood or marriage to the Petitioner -- Relationship: \_\_\_\_\_
- ( ) Respondent is or was residing within a single dwelling unit with Petitioner, as a family.
- ( ) Respondent is a person with whom the Petitioner has a child in common, regardless of whether the Petitioner and Respondent are or were married or residing as if a family.

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(h) Please answer the following questions about any pending court cases between the Petitioner and the Respondent: (Check (✓) Yes or No)

(1) Is there a pending dissolution of marriage, custody, support or other civil action filed? ( ) Yes (✓) No

If yes, please provide a brief description and case number: \_\_\_\_\_

(2) Are there any pending Criminal charges? ( ) Yes (✓) No

If yes, please provide the case number and brief description of the charges: \_\_\_\_\_

(3) Have there been any previous attempts by either the Petitioner or the Respondent to obtain an Injunction for Protection? ( ) Yes (✓) No

If yes, please provide the case numbers and the results of that attempt: \_\_\_\_\_

(i) Indicate behaviors and situations you experienced {Check (✓) all that apply}:

- ( ) Intentional touching, hitting, slapping, pushing and/or shoving.
- ( ) Intentional physical harm by use of a weapon, or intentional touching, hitting, slapping, pushing, and/or shoving while known to be pregnant.
- ( ) Physical abuse of a sexual nature.
- ( ) Medical attention required and sought.
- ( ) Minor children witnessed the violence.
- ( ) Arrest of the Respondent for the violence.
- (X) Verbal, face-to-face threats to do immediate bodily harm or injury, together with an apparent ability to do so.
- (X) Respondent has ready access to a firearm.
- (X) Respondent has caused you a considerable amount of emotional distress by repeatedly harassing you or by following you.
- ( ) Property Damage in connection with the violence to you.

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- (j) Use your responses to the behaviors and situations you experienced and briefly state how you are a victim of Domestic Violence. Briefly describe the most recent incident of violence or threats of violence. Be precise and include specific incidents and dates. The Court may not consider your petition if these are not included. PLEASE PRINT:

THIS IS THE SECOND TIME CAROLE  
HAS GOT ANGRY ENOUGH TO THREATEN  
TO KILL ME.

I WAS AWAY FROM OUR HOUSE HOACRES  
SHE GAVE 2 JUNK MEN PERMISSION TO  
COME ON PROPERTY AND REMOVE TRUCKS  
& EQUIPMENT THAT I HAD STORED  
THERE THAT A MAN OWED ME \$17,000  
ON - WHEN I FOUND OUT THE MAN  
THAT OWNED THE EQUIPMENT  
HAD TO CALL SHERIFF TO MAKE THEM  
STOP WHEN I GOT BACK ME AND  
CAROLE GOT IN A BIG FUSS SHE  
ORDERED ME OUT OF THE HOUSE  
OR SHE WOULD KILL ME & IF I CAME  
BACK SHE WOULD KILL ME (SHE HAS  
& H5 REVOLVER & SHE TOOK MY 357  
& HID IT

I HAVE OWNED THE HOME & LAND 17 YEARS  
WE HAVE ONLY LIVED THERE 3 YEARS  
I HAVE A LOT OF EQUIPMENT + ANIMALS THERE  
& CATS STOP!!!

(DO NOT WRITE ON THE BACK)

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I HAVE 132 EXZOTIC  
CATS I TAKE CA

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(k) Petitioner alleges the following additional specific facts:  
(Please answer the following questions and provide the necessary information.)

(1) Are you the custodian of a minor child or children?  Yes  No

If yes, please provide the name(s) and date(s) of birth: \_\_\_\_\_

(2) Is the Respondent the parent of the minor child(ren)?  Yes  No

(3) Do you fear that the Respondent will abuse, remove, or hide the minor child or children?  Yes  No  
*DOS NOT LIVE WITH US*

If yes, please provide a brief description why: \_\_\_\_\_

(4) Are you able to obtain safe alternative housing?  Yes  No

If no, please provide a brief description why: I WORK AT MY HOUSE  
+ I HAVE 132 EXZODIK CATS TO FEED  
\* CARE FOR

(l) Are the Petitioner and Respondent living in the same dwelling?  Yes  No

If No, please continue on to the next page.

If Yes, please mark the selection below that best describes the ownership or lease of that dwelling:

- The shared dwelling is jointly owned or jointly leased (rented) by both parties.
- The shared dwelling is owned or leased solely by the Petitioner.
- The shared dwelling is owned or leased solely by the Respondent.
- The shared dwelling is not owned by the Petitioner or Respondent but is owned by:

Name of Owner: \_\_\_\_\_

Relationship of Owner to Petitioner: \_\_\_\_\_

Relationship of Owner to Respondent: \_\_\_\_\_

