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State of Minnesota
12/27/2018 2:26 PM

Cover Sheet for Family Court Cases

I. Case Style

IN THE CIRCUIT COURT OF THE Seventeenth JUDICIAL CIRCUIT,
IN AND FOR Broward COUNTY, FLORIDA

Case No.: 11-5919
Judge: 59

Kim Picazio
Petitioner

and

Timothy Charles Holmseth
Respondent

FILED
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CLERK OF COURTS
BROWARD COUNTY, FL

II. Type of Action/Proceeding. Place a check beside the proceeding you are initiating. If you are simultaneously filing more than one type of proceeding against the same opposing party, such as a modification and an enforcement proceeding, complete a separate cover sheet for each action being filed. If you are reopening a case, choose one of the three options below it.

(A) ✓ Initial Action/Petition
(B) ___ Reopening Case
  1. ___ Modification/Supplemental Petition
  2. ___ Motion for Civil Contempt/Enforcement
  3. ___ Other

III. Type of Case. If the case fits more than one type of case, select the most definitive.

(A) ___ Simplified Dissolution of Marriage
(B) ___ Dissolution of Marriage
(C) ___ Domestic Violence
(D) ___ Dating Violence
(E) ✓ Repeat Violence
(F) ___ Sexual Violence
(G) ___ Support IV-D (Department of Revenue, Child Support Enforcement)
(H) ___ Support Non-IV-D (**not** Department of Revenue, Child Support Enforcement)
(I) ___ UIFSA IV-D (Department of Revenue, Child Support Enforcement)
(J) ___ UIFSA Non-IV-D (**not** Department of Revenue, Child Support Enforcement)
(K) ___ Other Family Court
(L) ___ Adoption Arising Out Of Chapter 63
(M) ___ Name Change
(N) ___ Paternity/Disestablishment of Paternity
(O) ___ Juvenile Delinquency
(P) ___ Petition for Dependency

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(Q) ___ Shelter Petition
(R) ___ Termination of Parental Rights Arising Out Of Chapter 39
(S) ___ Adoption Arising Out Of Chapter 39
(T) ___ CINS/FINS

IV. Rule of Judicial Administration 2.545(d) requires that a Notice of Related Cases Form, Family Law Form 12.900(h), be filed with the initial pleading/petition by the filing attorney or self-represented litigant in order to notify the court of related cases. Is Form 12.900(h) being filed with this Cover Sheet for Family Court Cases and initial pleading/petition?

✓ No, to the best of my knowledge, no related cases exist.
___ Yes, all related cases are listed on Family Law Form 12.900(h).

ATTORNEY OR PARTY SIGNATURE

I CERTIFY that the information I have provided in this cover sheet is accurate to the best of my knowledge and belief.

Signature_____ FL Bar No.: 10370
Attorney or party (Bar number,if attorney)

David Di Pietro, Esq 09/08/14
(Type or print name) Date

IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW: [fill in all blanks]

I, *{full legal name and trade name of nonlawyer}*_____, a nonlawyer, whose address is *{street}*_____, *{city}*_____, *{state}*_____, *{phone}*_____, helped {name}_____, who is the [choose one only] ___ petitioner or ___ respondent, fill out this form.

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IN THE CIRCUIT COURT OF THE SEVENTEENTH JUDICIAL CIRCUIT,
IN AND FOR BROWARD COUNTY, FLORIDA

Case No.: 11-5919
Division: 69

Kim Picazlo
Petitioner,

and

Timothy Charles Holmseth
Respondent.

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NOTICE OF RELATED CASES

1. Petitioner submits this Notice of Related Cases as required by Florida Rule of Judicial Administration 2.545(d). A related case may be an open or closed civil, criminal, guardianship, domestic violence, juvenile delinquency, juvenile dependency, or domestic relations case. A case is "related" to this family law case if it involves any of the same parties, children, or issues and it is pending at the time the party files a family case; if it affects the court's jurisdiction to proceed; if an order in the related case may conflict with an order on the same issues in the new case; or if an order in the new case may conflict with an order in the earlier litigation.

[√ one only]

☑ There are no related cases.

☐ The following are the related cases (add additional pages if necessary):

Related Case No. 1
Case Name(s): _____
Petitioner _____
Respondent _____
Case No.: _____ Division: _____

Type of Proceeding: [√ all that apply]

- ☐ Dissolution of Marriage
- ☐ Custody
- ☐ Child Support
- ☐ Juvenile Dependency
- ☐ Termination of Parental Rights
- ☐ Domestic/Sexual/Dating/Repeat Violence Injunctions
- ☐ Mental Health
- ☐ Paternity
- ☐ Adoption
- ☐ Modification/Enforcement/Contempt Proceedings
- ☐ Juvenile Delinquency
- ☐ Criminal
- ☐ Other *(specify)* _____

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State where case was decided or is pending: ☐ Florida ☐ Other: *(specify)*_____

Name of Court where case was decided or is pending (*for example, Fifth Circuit Court, Marion County, Florida*):_____
Title of last Court Order/Judgment (if any):_____
Date of Court Order/Judgment (if any): _____

Relationship of cases [√ all that apply]:
- ☐ pending case involves same parties, children, or issues;
- ☐ may affect court's jurisdiction;
- ☐ order in related case may conflict with an order in this case;
- ☐ order in this case may conflict with previous order in related case.

Statement as to the relationship of the cases: _____
_____

Related Case No. 2
Case Name(s): _____
Petitioner: _____
Respondent: _____
Case No.: _____ Division: _____

Type of Proceeding: [√ all that apply]
- ☐ Dissolution of Marriage
- ☐ Custody
- ☐ Child Support
- ☐ Juvenile Dependency
- ☐ Termination of Parental Rights
- ☐ Domestic/Sexual/Dating/Repeat Violence Injunctions
- ☐ Mental Health
- ☐ Paternity
- ☐ Adoption
- ☐ Modification/Enforcement/Contempt Proceedings
- ☐ Juvenile Delinquency
- ☐ Criminal
- ☐ Other *(specify)*_____

State where case was decided or is pending: ☐ Florida ☐ Other: *(specify)*_____
Name of Court where case was decided or is pending (*for example, Fifth Circuit Court, Marion County, Florida*): _____
Title of last Court Order/Judgment (if any): _____
Date of Court Order/Judgment (if any): _____

Relationship of cases [√ all that apply]:
- ☐ pending case involves same parties, children, or issues;
- ☐ may affect court's jurisdiction;
- ☐ order in related case may conflict with an order in this case;
- ☐ order in this case may conflict with previous order in related case.

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Statement as to the relationship of the cases: _____

_____

Related Case No. 3

Case Name(s): _____

Petitioner: _____

Respondent: _____

Case No.: _____ Division: _____

Type of Proceeding: [√ all that apply]

- ☐ Dissolution of Marriage
- ☐ Custody
- ☐ Child Support
- ☐ Juvenile Dependency
- ☐ Termination of Parental Rights
- ☐ Domestic/Sexual/Dating/Repeat Violence Injunctions
- ☐ Mental Health
- ☐ Paternity
- ☐ Adoption
- ☐ Modification/Enforcement/Contempt Proceedings
- ☐ Juvenile Delinquency
- ☐ Criminal
- ☐ Other *(specify)*_____

State where case was decided or is pending: ☐ Florida ☐ Other: *(specify)*_____

Name of Court where case was decided or is pending (*for example, Fifth Circuit Court, Marion County, Florida*): _____

Title of last Court Order/Judgment (if any): _____

Date of Court Order/Judgment (if any): _____

Relationship of cases [√ all that apply]:

- ☐ pending case involves same parties, children, or issues;
- ☐ may affect court's jurisdiction;
- ☐ order in related case may conflict with an order in this case;
- ☐ order in this case may conflict with previous order in related case.

Statement as to the relationship of the cases: _____

_____

2. [√ one only]
   - ☐ I do not request coordination of litigation in any of the cases listed above.
   - ☐ I do request coordination of the following cases: _____

     _____

     _____

3. [√ all that apply]
   - ☐ Assignment to one judge
   - ☐ Coordination of existing cases

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will conserve judicial resources and promote an efficient determination of these cases because:_____.

4. The Petitioner acknowledges a continuing duty to inform the court of any cases in this or any other state that could affect the current proceeding.

Dated: 09/08/2011

Petitioner's Signature
Printed Name: Gina L. Pizzo, Esq.
Address: 100 SE 3rd Ave. #2024
City, State, Zip: Ft. Lauderdale, FL 33394
Telephone Number: 954-467-5558
Fax Number: _____

CERTIFICATE OF SERVICE

I CERTIFY that I delivered a copy of this Notice of Related Cases to the _____ County Sheriff's Department or a certified process server for service on the Respondent, and [√ one only] ☐ mailed ☐ hand delivered a copy to ☐ *{name}*_____, who is the [√ all that apply] ☐ judge assigned to new case), ☐ chief judge or family law administrative judge, ☐ *{name}*_____, a party to the related case, ☐ *{name}* _____, a party to the related case on *{date}* _____.

_____
Petitioner/Attorney for Petitioner

IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW: [fill in all blanks]
I, *{full legal name and trade name of nonlawyer}* _____,
a nonlawyer, located at *{street}* _____, *{city}* _____,
{state} _____, *{phone}* _____, helped *{name}* _____,
who is the Petitioner, fill out this form.

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IN THE CIRCUIT COURT OF THE SEVENTEENTH JUDICIAL CIRCUIT,
IN AND FOR BROWARD COUNTY, FLORIDA.

Case No.: 11-8919
Division: 97

Kim L. Picazio,
Petitioner,

and

Timothy C. Halmseth,
Respondent.

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PETITION FOR INJUNCTION FOR PROTECTION AGAINST REPEAT VIOLENCE

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

SECTION I. PETITIONER (This section is about you. It must be completed.)

1. Petitioner currently lives at: *{address, city, state, zip code}* 100 SE 3rd Avenue, #2024, Ft Lauderdale, FL 33394 (work/office).
[√ if applies]
___ **Petitioner seeks an injunction for protection on behalf of a minor child.** Petitioner is the parent or legal guardian of *{full legal name}* _____, a minor child who is living at home.

2. Petitioner's attorney's name, address, and telephone number is: David DiPietro, Esquire, 1132 SE 3rd Avenue, Ft. Lauderdale, 33316.
(If you do not have an attorney, write "none.")

SECTION II. RESPONDENT (This section is about the person you want to be protected from. It must be completed.)

1. Respondent currently lives at: *{address, city, state, and zip code}* 320 17 Street NW, Unit 17, East Grand Forks, MN 56721.
Respondent's Driver's License number is: *{if known}* _____.

2. Petitioner has known Respondent since: *{date}* April 2009.

3. Respondent's last known place of employment: Unknown
Employment address: _____
Working hours: _____

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4. Physical description of Respondent:
Race: W Sex: Male ✓ Female ____ Date of Birth: 06/68
Height: 5'9" Weight: 135 Eye Color: ? Hair Color: Brown/Black
Distinguishing marks and/or scars: unknown
Vehicle: (make/model) unknown Color: _____ Tag Number: _____

5. Other names Respondent goes by (aliases or nicknames): "floodofnoah"

6. Respondent's attorney's name, address, and telephone number is: unknown

(If you do not know whether Respondent has an attorney, write "unknown." If Respondent does not have an attorney, write "none.")

SECTION III. CASE HISTORY AND REASON FOR SEEKING PETITION (This section must be completed.)

1. Has Petitioner ever received or tried to get an injunction for protection against domestic violence, repeat violence, dating violence, or sexual violence against Respondent in this or any other court?
___ Yes ✓ No If yes, what happened in that case? *{include case number, if known}*

2. Has Respondent ever received or tried to get an injunction for protection against domestic violence, repeat violence, dating violence, or sexual violence against Petitioner in this or any other court?
___ Yes ✓ No If yes, what happened in that case? *{include case number, if known}*

3. Describe **any other** court case that is either going on now or that happened in the past **between Petitioner and Respondent** *{include case number, if known}*:
None.

4. Respondent has directed at least two incidents of "violence," meaning assault, aggravated assault, battery, aggravated battery, sexual assault, sexual battery, stalking, aggravated stalking, kidnaping, or false imprisonment, or any criminal offense resulting in physical injury or death against Petitioner or a member of Petitioner's immediate family. One of these two incidents of "violence" has occurred within 6 months of the date of filing of this petition. The most recent incident (including date and location) is described below.
On *{date}* _____, at *{location}* _____
Respondent *See attached*.

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

5. Other prior incidents (including dates and location) are described below:
On *{date}* _____, at *{location}* _____,
Respondent * See Attached *

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

6. Petitioner genuinely fears repeat violence by Respondent. Explain: _____
* See Attached *

7. **Additional Information**
[√ all that apply]

√ a. Respondent owns, has, and/or is known to have guns or other weapons.
Describe weapon(s): unknown .

√ b. This or prior acts of repeat violence have been previously reported to: *{person or agency}*
East Grand Forks PD, MN ; BSO ; Ft. Lauderdale PD, FDLE, FBI, Putnam County Sheriff's Office .

SECTION IV. INJUNCTION (This section must be completed.)

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1. Petitioner asks the Court to enter an injunction prohibiting Respondent from committing any acts of violence against Petitioner and:

a. prohibiting Respondent from going to or within 500 feet of any place Petitioner lives;

b. prohibiting Respondent from going to or within 500 feet of Petitioner's place(s) of employment or the school that Petitioner attends; the address of Petitioner's place(s) of employment and/or school is: 100 SE 3rd Avenue, #2024, Ft. Lauderdale FL. 33394;

c. prohibiting Respondent from contacting Petitioner by telephone, mail, by e-mail, in writing, through another person, or in any other manner;

d. ordering Respondent not to use or possess any guns or firearms;

[√ all that apply]

___ e. prohibiting Respondent from going to or within 500 feet of the following place(s) Petitioner or Petitioner's immediate family must go to often: _____

_____

√ f. prohibiting Respondent from knowingly and intentionally going to or within 100 feet of Petitioner's motor vehicle; and any other terms the Court deems necessary for the safety of Petitioner and Petitioner's immediate family.

I UNDERSTAND THAT BY FILING THIS PETITION, I AM ASKING THE COURT TO HOLD A HEARING ON THIS PETITION, THAT BOTH THE RESPONDENT AND I WILL BE NOTIFIED OF THE HEARING, AND THAT I MUST APPEAR AT THE HEARING.

I UNDERSTAND THAT I AM SWEARING OR AFFIRMING UNDER OATH TO THE TRUTHFULNESS OF THE CLAIMS MADE IN THIS PETITION AND THAT THE PUNISHMENT FOR KNOWINGLY MAKING A FALSE STATEMENT INCLUDES FINES AND/OR IMPRISONMENT.

Dated: 09/08/2011

X _____
Signature of Petitioner
Printed Name: Kim L. Picazio, Esq
Address: 100 SE 3rd Ave. #2024
City, State, Zip: Ft. Lauderdale, FL 33394
Telephone Number: 954-520-9969
Fax Number: _____

STATE OF FLORIDA
COUNTY OF Broward

Sworn to or affirmed and signed before me on 9/8/11 by Kim Picazio

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NOTARY PUBLIC or DEPUTY CLERK

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

___ Personally known
_✓_ Produced identification
Type of identification produced FCDL