

## **INSTRUCTIONS FOR WRITTEN REQUEST FOR HEARING TO VACATE FINAL RISK PROTECTION ORDER**

### **When should this form be used?**

This form must be used if you wish to request a hearing to vacate a final risk protection order that has been entered against you pursuant to section 790.401(3), Florida Statutes, or that has been extended pursuant to section 790.401(6), Florida Statutes. If you use this form, you are the respondent. As respondent, you may file one written request for a hearing to vacate a final risk protection order after the date the order is issued by the judge. You may also file one written request for a hearing to vacate after each extension of the final risk protection order.

### **Who may file this form?**

This form may be filed by:

- A respondent who has had a final risk protection order entered against him or her pursuant to section 790.401(3), Florida Statutes, and who has not previously filed a written request for a hearing to vacate the order; or
- A respondent who has had a final risk protection order against him or her extended and who has not previously filed a written request to vacate the risk protection order since such extension.

### **Additional Instructions**

You must file the original of this form with the clerk of court and must serve a copy (by U.S. Mail, email, hand delivery, or other means of service permitted under the rules of court) on the Petitioner in this case.

**IN THE CIRCUIT COURT OF THE \_\_\_\_\_ JUDICIAL CIRCUIT,  
IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA**

\_\_\_\_\_  
Petitioner  
(Law Enforcement Officer/Agency)

Case No.: \_\_\_\_\_

v.

Division: \_\_\_\_\_

\_\_\_\_\_  
Respondent

**REQUEST FOR HEARING TO VACATE FINAL RISK PROTECTION ORDER**

**SECTION I.**

1. I am the Respondent in this case.
2. I currently live at the following address *{street address, city, state, and zip code}*:

\_\_\_\_\_

3. My telephone number *{area code and number}* is: \_\_\_\_\_
4. My email address (if applicable) is: \_\_\_\_\_
5. My attorney's name, address, and telephone number are:

\_\_\_\_\_

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

**SECTION II.**

1. Pursuant to Section 790.401(6)(a), Florida Statutes, this is a request for a hearing to vacate a Final Risk Protection Order entered *{date}* \_\_\_\_\_ by Judge \_\_\_\_\_. *{name of judge who entered the risk protection order}*.
2. I have not previously requested a hearing to vacate the Final Risk Protection Order presently in effect.
3. I do not pose a significant danger of causing personal injury to myself or to others by having firearms and/or ammunition in my custody, control, or possession, or by purchasing, possessing, or receiving a firearm or ammunition for the reasons below.

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(add another page if necessary)

\_\_\_\_\_  
Signature of Respondent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Respondent

**CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that a true and correct copy of this Request to Vacate Final Risk Protection Order was served on Petitioner by (enter service method – e.g. U.S. Mail, email, hand delivery, etc.) at (enter address), this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Respondent

Respondent has a responsibility to keep the court informed, in writing, of any change of address. Failure to do so may jeopardize Respondent’s rights.