

**IN THE CIRCUIT COURT OF THE EIGHTEENTH JUDICIAL CIRCUIT  
ADMINISTRATIVE ORDER NO.: 17-24 Amended**

**IN RE: ADMINISTRATIVE RULES - PROTOCOL IN EIGHTEENTH JUDICIAL CIRCUIT FOR USE OF THERAPY ANIMALS OR FACILITY DOGS IN PROCEEDINGS INVOLVING A SEXUAL OFFENSE OR CHILD ABUSE, ABANDONMENT, OR NEGLECT**

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**WHEREAS**, section 92.55(5), Florida Statutes, authorizes the Court to establish conditions it finds just and appropriate when taking the testimony of a victim or witness under the age of 18, a person who has an intellectual disability, or a sexual offense victim or witness;

**WHEREAS**, pursuant to Article V, section (2)(d) of the Florida Constitution, and section 43.26(1)(e), Florida Statutes, the Chief Judge of each judicial circuit is charged with the authority and the power to do everything necessary to promote the prompt and efficient administration of justice; and

**WHEREAS**, it is necessary to provide specific guidelines for the presence and conduct of therapy animals or facility dogs inside the courthouses in the Eighteenth Judicial Circuit in any proceeding involving a sexual offense or child abuse, abandonment, or neglect;

**NOW, THEREFORE**, in accordance with the authority vested in the Chief Judge pursuant to Rule 2.215, Florida Rules of Judicial Administration, it is **ORDERED**:

1. The use of therapy animals or facility dogs to assist a victim or witness under the age of 18, a person who has an intellectual disability, or a sexual offense victim or witness, to testify with the assistance of a therapy animal or facility dog in any proceeding involving a sexual offense or child abuse, abandonment, or neglect is a decision to be made by the presiding judge or magistrate in accordance with section 92.55, Florida Statutes. This Administrative Order does not preclude the presiding judge from entering orders with additional procedures to those outlined herein for the use of therapy animals or facility dogs in that judge's courtroom.
2. **Written Motion and Court Order Required for Use of a Therapy Animal or Facility Dog in Courthouse.** If the Office of the State Attorney, the Office of the Public Defender, the Florida Department of Children and Families, the Guardian ad Litem, or privately retained counsel determine pursuant to section 92.55, Florida Statutes, that the presence and use of a therapy animal or facility dog may aid in the testimony of a child, victim, or witness at a hearing, trial or deposition, that agency or individual shall file a written motion in the official court file in the case requesting court approval for the use of a therapy animal or facility dog with a copy of the motion and notice of the hearing on the motion to all interested parties, including the Americans with Disabilities Act (ADA) Coordinator in Court Administration and the Sheriff's Office<sup>1</sup>. The moving party shall be solely responsible for informing all interested parties in any changes in date and/or time of the scheduled hearing on the motion, including notice to the Sheriff's Office. Prior to the hearing on the motion, the moving party shall contact an approved therapy animal or facility dog provider to determine the availability of a therapy team and use of one of their therapy animals or facility dogs.<sup>2</sup>
3. **Costs and Fees Paid by Moving Party.** The moving party is responsible for the costs and fees charged by the therapy animal and facility dog providers for this service.
4. **Written Court Order, Scheduling & Coordinating Appearances.** Once the therapy animal or facility dog's presence is approved by the presiding judge in a written order filed in the official court file and copied to the Americans with Disabilities Act (ADA) Coordinator in Court Administration in addition to the Sheriff's Office, the therapy animal/facility dog team is permitted into the courthouse for all scheduled court events as well as case related events scheduled by another agency. All appearances must be scheduled and coordinated with the ADA Coordinator in Court Administration so that the team will be granted access into the courthouse by court security. The handler and the therapy animal/facility dog will be subject to the same security screening measures as the public when entering the courthouse.
5. **Third Party/Representative's Presence Required.** It is the responsibility of the moving party to ensure that an appropriate third party/representative is present at all times with the therapy animal/facility dog team while aiding in

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<sup>1</sup> "Sheriff's Office" in this Administrative Order refers to the Sheriff's Office in the respective county (Brevard or Seminole) where the movant requests for therapy animal or facility dog to assist.

<sup>2</sup> A list of approved therapy animal and facility dog providers and their contact information is listed on the Eighteenth Judicial Circuit's website located at [http://flcourts18.org/docs/cir/APPROVED\\_THERAPY\\_DOG\\_PROVIDERS.pdf](http://flcourts18.org/docs/cir/APPROVED_THERAPY_DOG_PROVIDERS.pdf).

the testimony of a child/victim/witness in a courthouse facility.<sup>3</sup> An appropriate third party/representative of the moving party is one who has no personal interest in the case; for example, a Guardian ad Litem volunteer or a State Attorney victim advocate. The third party and therapy animal/facility dog handler shall use best efforts to minimize contact between the animal therapy/facility dog team and the public and other courthouse employees. At no time shall the dog/animal be permitted to be alone with any child/victim/witness without the presence of the third party/representative of the moving party.

6. **Therapy Animal and Facility Dog Provider Requirements.** The approved therapy animal and facility dog providers shall:

- a. Ensure that the therapy animal/facility dog has been trained, evaluated, and certified as a therapy animal/facility dog pursuant to industry standards and provides unobtrusive emotional support to children and adults in facility settings.
- b. Ensure that handlers and therapy animals/facility dogs have completed any and all therapy training and have passed a nationally recognized skills and aptitude test and evaluation by an organization that certifies the team as appropriate to provide animal assisted therapy.
- c. Ensure that therapy animals/facility dogs have been examined by a Florida veterinarian to ensure good health within the past year and all immunizations, including rabies vaccination, are current.
- d. Ensure that every therapy animal/facility dog is properly registered/licensed in the State of Florida.
- e. Carry a minimum of one million dollars (\$1,000,000) in liability insurance with a rider that includes therapy animals/facility dogs on the premises of the courthouse facility and naming the appropriate county (Brevard or Seminole County) as a named insured.
- f. Provide a copy of the insurance liability insurance rider page to the appropriate county attorney's office and Court Administration.
- g. Ensure that all therapy animals and facility dogs will be leashed at all times with the handler in control of the animal/dog and the leash.
- h. Advise handlers to refrain from all overt displays of emotion during all court proceedings.
- i. Advise handlers to take measure to ensure that the therapy animal or facility dog is out of the view of the jury and not making noises to indicate the presence of the dog/animal.
- j. Ensure that handlers will adhere to their certifying organizations' policies regarding grooming and zoonotic disease/parasite control in attempts to reduce allergens and/or parasites.
- k. Ensure that handlers will inquire if there are any known allergies or concerns prior to entering an elevator.
- l. Ensure that handlers are aware that their therapy animals/facility dogs are strictly prohibited from entering any deli, cafeteria, eatery, or restaurant within any courthouse facility.
- m. Ensure that handlers are responsible for arriving early enough to exercise the therapy animal/facility animal to avoid any elimination issues. All therapy animals/facility dogs must be trained not to eliminate indoors. Outdoor elimination shall be cleaned up by the handler using proper disposal methods to control odors, etc.
- n. Ensure that any incidents are immediately reported to the presiding judge, the Office of the Chief Judge, and Court Administration. Reportable incidents include any injury to a person or an animal; situations with a high potential that an injury could have occurred either to a person or an animal, even though no one was hurt at the time; situations with a perception of an accident or injury, and damages to property, including animal elimination in the courthouse facility. The Incident Report Form C, is available on the circuit's website at [http://flcourts18.org/docs/cir/Form\\_C\\_Incident\\_Report.pdf](http://flcourts18.org/docs/cir/Form_C_Incident_Report.pdf).
- o. Ensure that all handlers have completed a fingerprinted national criminal background check and provided a current copy of the same to Court Administration, Harry T. and Harriette V. Moore Justice Center, 2825 Judge Fran Jamieson Way, Viera, Florida 32940. The information contained therein and specific findings are confidential and the approved provider will be advised in writing as to whether the specific individual handler is approved or not approved to provide services to the Eighteenth Judicial Circuit. The cost associated for the fingerprinting will be paid by the approved therapy animal and facility dog provider.

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<sup>3</sup> The "third party" is not a judicial officer or court administration staff. It is inappropriate for the court or court staff to actively participate or interact with the therapy animal or facility dog in any capacity because the animal's presence is a support mechanism for victims/witnesses. See Fla. Code Jud. Conduct, Canons 3C(2) and 3B(5), (7), (9).

- p. Ensure that all handlers will immediately report to Court Administration any incident that may change the status of their background check, including but not limited to any arrest, conviction, or other incident involving law enforcement.
  - q. Ensure that handlers will maintain the confidentiality of all information whether written or verbal, received through the scope of interaction with the individual testifying including, but not limited to, names and information pertaining to the individuals testifying and their families. Handlers will sign an oath of confidentiality. The Oath of Confidentiality Form A is located on the Circuit's website at [http://flcourts18.org/docs/cir/Form\\_A\\_Oath\\_of\\_Confidentiality.pdf](http://flcourts18.org/docs/cir/Form_A_Oath_of_Confidentiality.pdf).
  - r. Ensure that all handlers have received, acknowledged, and endorsed an Acknowledgement of Terms and Conditions Sheet. The Acknowledgment of Terms and Conditions Form B is located on the Circuit's website at [http://flcourts18.org/docs/cir/Form\\_B\\_Acknowledgement.pdf](http://flcourts18.org/docs/cir/Form_B_Acknowledgement.pdf).
  - s. Ensure that every therapy animal/facility dog handler shall carry with and produce their certifying organization identification card and an identification card bearing their association or employment with the approved provider and shall produce same upon request by any court official. Additionally, all therapy animals or facility dogs shall be clearly identified by a dog therapy vest, neckerchief, or other identifying garment.
  - t. Inform handlers that the handler and the therapy animal or facility dog are subject to the same security screening measures as the public when entering a courthouse facility.
7. **Approved Animal Therapy and Facility Dog Providers.** All approved therapy animal/facility dog providers and their contact information shall be listed on the Eighteenth Judicial Circuit website at <http://flcourts18.org>. Any organization seeking approval to be added as an approved provider must submit the following information to Court Administration for the Eighteenth Judicial Circuit:
- a. A written request for approval; and
  - b. Company information including years established, present services provided, number of therapy animals and facility dogs available, and presently certified as set forth in this Order, availability of handlers to provide proper services, and any other information which demonstrates the ability to comply with the terms and conditions of this Order; and
  - c. Proof of proper insurance as set forth in paragraph 6(e) of this Order.

The Chief Judge of the Eighteenth Judicial Circuit shall determine, in his/her sole discretion, whether an organization is an approved provider for the Eighteenth Judicial Circuit. This order is effective July 1, 2017.

DONE AND ORDERED this 6th day of June, 2017.

JOHN D. GALLUZZO  
JOHN D. GALLUZZO  
CHIEF JUDGE

Distribution:

All Circuit and County Judges (Brevard and Seminole Counties)  
Court Administration (Brevard and Seminole Counties)  
Clerk of Court (Brevard and Seminole Counties)  
State Attorney (Brevard and Seminole Counties)  
Public Defender (Brevard and Seminole Counties)  
Sheriff (Brevard and Seminole Counties)  
Bar Association (Brevard and Seminole Counties)  
Law Library (Brevard County)  
Florida Department of Children & Families (Brevard and Seminole Counties)  
Guardian ad Litem Office (Brevard and Seminole Counties)  
County Attorney's Office (Brevard and Seminole Counties)

**FORM A - OATH OF CONFIDENTIALITY**

I, \_\_\_\_\_ (insert printed name of handler), pursuant to Florida Statutes and policies and procedures of the Eighteenth Judicial Circuit of Florida, and under the penalties of perjury, do hereby solemnly swear/affirm that I will maintain the confidentiality of all information, whether written or verbal, received through the scope of my service as a handler for a therapy animal or facility dog including but not limited to information pertaining to the victim/witnesses and their families. I understand that all records and information pertaining to dependency matters are confidential pursuant to Chapter 39, Florida Statutes, and applicable federal law. I also understand that information regarding victims of sexual abuse, sexual offenses, and domestic violence, as well as information regarding abuse, neglect, or exploitation of vulnerable adults are confidential under Florida Statutes.

I, hereby solemnly swear/affirm that absent a court order I will not disclose to any person or entity **any** information or records connected with these cases in which I served as a handler.

I, acknowledge that I have an on-going obligation to ensure that confidential information is not divulged to anyone not bound to respect this confidentiality and to ensure that such information is not for personal use, gain, or revealed in any manner.

\_\_\_\_\_  
Handler's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Handler's Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Handler's Driver's License No./State ID Card No.

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

The foregoing instrument was sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_, by \_\_\_\_\_ (name of handler).

\_\_\_\_\_  
Signature of Notary Public – State of Florida

\_\_\_\_\_  
Name of Notary Public – Typed, Printed, or Stamped

Personally Known \_\_\_\_\_ or Produced Identification \_\_\_\_\_

Type of Identification Produced:  
\_\_\_\_\_

## FORM B - ACKNOWLEDGEMENT OF TERMS & CONDITIONS

I, \_\_\_\_\_ (insert printed name of Handler) (hereinafter "Handler"), hereby acknowledge that I have read, understand, and agree to the terms and conditions outlined in Eighteenth Judicial Circuit **Administrative Order No. 17-24 Amended**

I agree to be bound by all terms and conditions as set forth in said Administrative Order.

I understand that I am only permitted to bring my therapy animal/facility dog to the courthouse facilities when properly scheduled to appear for a proceeding or case related event in accordance with the procedures as set forth in Eighteenth Judicial Circuit Administrative Order.

I understand that any interaction between me and the therapy animal/facility dog must not be distracting to other individuals or court proceedings.

I understand that interaction between the therapy animal/facility dog and court staff/personnel is to be discouraged by me.

I have completed any and all therapy training and have passed a nationally recognized skills and aptitude test and evaluation by an organization that certifies the team as appropriate to provide animal assisted therapy.

I affirm that my therapy animal/facility dog has been examined by a Florida veterinarian within the past year and all immunizations, including rabies vaccinations, are current.

I affirm that my therapy animal/facility dog is properly registered/licensed in the State of Florida.

I understand that my therapy animal/facility dog must be leashed/caged at all times and that I must be in control of the animal/dog and the leash/cage.

I understand that I must refrain from all overt displays of emotion and making eye contact with the witness and/or victim during all court proceedings/testimony.

I affirm that I am in compliance with my certifying organization's policies regarding grooming and zoonotic disease/parasite control in attempts to reduce allergens and/or parasites.

I will inquire if there are any known allergies or concerns prior to entering an elevator.

I understand that I am prohibited from entering any cafeteria, deli, or eatery located in any courthouse facility with my therapy animal/facility dog.

I will arrive with sufficient time prior to any scheduled court proceeding to exercise my therapy animal or facility dog to avoid any elimination issues and my therapy animal/facility dog is trained not to eliminate indoors. I will ensure that outdoor elimination will be cleaned up by the handler using proper disposal methods to control odors, etc.

I understand that I as well as the therapy animal/therapy dog are subject to the same security screening measures as the public when entering a courthouse facility.

I will ensure that any incidents are immediately reported to the presiding judge, Court Administration, and the Chief Judge of the Eighteenth Judicial Circuit. I understand that a reportable incident includes injuries to a person or an animal; situations with a high potential that an injury could have occurred either to a person or an animal, even though no one was hurt at the time; and situations with a perception of an accident or injury, and damages to property, including animal elimination in a courthouse facility.

I have completed a criminal background check and provided a copy of the same to the ADA Coordinator in Court Administration.

I will immediately report to the ADA Coordinator in Court Administration any incident that may change the status of my background check, including but not limited to any arrest, conviction, or other incident involving law enforcement.

I have received, acknowledged, and signed the Eighteenth Judicial Circuit's Oath of Confidentiality.

I will carry and produce my certifying organization identification card and an identification card bearing the association or employment with the approved provider and shall produce the same upon request by any court official including but not limited to courthouse security and Sheriff's Office deputies.

I understand that my therapy animal or facility dog must wear a dog therapy vest, neckerchief, or other identifying garment at all times while in the courthouse facilities.

\_\_\_\_\_  
Handler's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Handler's Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Handler's Driver's License No./State ID Card No.

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

The foregoing instrument was sworn and signed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_, by \_\_\_\_\_ (name of Handler).

\_\_\_\_\_  
Signature of Notary Public – State of Florida

\_\_\_\_\_  
Name of Notary Public – Typed, Printed, or Stamped

Personally Known \_\_\_\_\_ or Produced Identification \_\_\_\_\_  
Type of Identification Produced:  
\_\_\_\_\_

**FORM C - INCIDENT REPORT FORM**

I, \_\_\_\_\_ (insert printed name of Handler) (hereinafter "Handler"), and \_\_\_\_\_ (printed name of therapy animal/facility dog) were involved in the following incident in \_\_\_\_\_ (county) at \_\_\_\_\_ (name of courthouse) on \_\_\_\_\_ (date) at approximately \_\_\_\_\_ o'clock \_\_\_\_ (A.M./P.M.)

Please provide specific details and information: (Continue on back, if necessary)

Injury to a therapy animal/facility dog:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Injury to a person:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Situation or occurrence with a high potential that an injury could have occurred either to a person or an animal, even though not one was hurt at the time:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Situation or occurrence with a perception of an accident or injury:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Damages to property, including animal elimination inside the courthouse facility:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name(s) of person(s) involved and contact information:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name(s) of witness(es) and contact information:

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\_\_\_\_\_  
Handler's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Handler's Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Handler's Work Number

\_\_\_\_\_  
Handler's Cell Number

\_\_\_\_\_  
Handler's Home Number

A copy of this document was provided by hand delivery/U.S. Mail/express mail/e-mail to all of the following individuals:

- Office of the Chief Judge
- Office of the Presiding Judge
- Americans with Disabilities Act Coordinator, Court Administration
- Office of the Approved Therapy Animal/Facility Dog Provider
- County Attorney's Office