

**IN THE CIRCUIT COURT OF THE EIGHTEENTH JUDICIAL CIRCUIT,  
IN AND FOR BREVARD COUNTY, FLORIDA**

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

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

v.

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

\_\_\_\_\_,  
Respondent

**PETITIONER'S MOTION TO EXTEND FINAL RISK PROTECTION ORDER**

**COMES NOW**, the Petitioner, pursuant to s. 790.401(6)(c), Florida Statutes, and hereby requests the Court to extend the final risk protection order in this case for a period of \_\_\_\_\_, and as grounds alleges that:

1. A Final Risk Protection Order was entered in this case on \_\_\_\_\_.
2. The Final Risk Protection Order expires on \_\_\_\_\_, which is within 30 days from today's date.
3. The grounds for the extension of the Final Risk Protection Order are as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Attach an affidavit or additional pages if necessary.)

Respectfully submitted this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Signature of Petitioner

\_\_\_\_\_  
Name of person filing petition

\_\_\_\_\_  
Law Enforcement Agency

\_\_\_\_\_  
Service address

\_\_\_\_\_  
Email address

\_\_\_\_\_  
Telephone Number

**CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that a true and correct copy of this Motion to Extend Final Risk Protection Order was served on Respondent by (enter service method) at (enter address), this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Signature of Petitioner

Section 790.401, Florida Statutes, does not require the court to record a hearing on motion to extend a risk protection order; however, any party may arrange for a court reporter to record the hearing and to prepare a written transcript of the hearing at that party's expense. Arrangements for a court reporter must be made in advance. In the event of an appeal, the appealing party will be required to provide the court with a written transcript of what was said at the hearing.

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.

**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 the ADA Coordinator at Court Administration, 2825 Judge Fran Jamieson Way, 3rd floor, Viera, Florida, 32940-8006, (321) 633-2171 ext. 2 at least 7 days before your scheduled court appearance, or immediately upon receiving this notification if the time before the scheduled appearance is less than 7 days. If you are hearing or voice impaired, call 711.**