|  |  |
| --- | --- |
| For Office Use only | Case Number: 62DAFA |

**PETITIONER (YOU)**

Do you need an interpreter?  NO  YES Language:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Legal Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Maiden Name/Alias: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Race: \_\_\_\_\_\_\_\_\_\_\_\_ M/F\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If you are enrolled in the Safe at Home Program please check the box and add your P.O. Box as your home address.**

**To request addresses or phone numbers remain confidential you must do so by a separate form. Please ask the clerk for that form**

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Apt #\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Zip code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## ***Does the Respondent (other person) know this address?*** Yes No *If NO, address will remain confidential in this case*

Name of Workplace:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## City/State/Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## ***Does the Respondent (other person) know this address?*** Yes No *If NO, address will remain confidential in this case*

## **If there additional addresses you would like the respondent prohibited from, please ask for a separate sheet of paper**

## Would you likethe respondent to be ordered a distance of two city blocks or ¼ mile away from all protected addresses?

## YES NO

## If yes, does the Respondent live or work within a two city blocks or ¼ mile of the protected addresses?

## YES NO

Does Respondent work or attend school at the same place as Petitioner or any other protected persons? Yes No

How do you know the respondent? ***Check all that apply*** Married Date of Marriage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 Divorced Date of Marriage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Divorce: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 Living together since \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 Live together from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 Have a child together  
 Have an unborn child together  
 Parent/child  
 Related by blood  
 Significant romantic or sexual relationship.   
The relationship lasted from (date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
How often did you have contact with the Respondent during that time?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Minor child(ren):**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name (first, middle, last) | Race | Gender | Date of Birth | Lives with you? | Is this your child with the respondent | Is there a paternity action involving the child? | Do you want this child listed as a protected person? |
|  |  | M  F |  | Yes  No | Yes  No | Yes  No | Yes  No |
|  |  | M  F |  | Yes  No | Yes  No | Yes  No | Yes  No |
|  |  | M  F |  | Yes  No | Yes  No | Yes  No | Yes  No |
|  |  | M  F |  | Yes  No | Yes  No | Yes  No | Yes  No |
|  |  | M  F |  | Yes  No | Yes  No | Yes  No | Yes  No |

Are the children currently in your care?  YES  NO If no, who are the children currently with? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your and/or the child(ren)’s health/dental insurance is provided by  You  Respondent

Have you been involved with the respondent in a prior or existing Order for Protection or Harassment Restraining Order?

YES  NO

Have you been involved with the respondent in a family court, child protection or domestic abuse criminal case?

YES  NO

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Case Type | Case Number | State/County | Year Filed | Names of Children Involved |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Would you like the respondent ordered to have no contact with you?  YES  NO

Would you like the respondent ordered to have no contact with the minor child(ren)?  YES  NO

Are you asking for possession of a pet or companion animal?  YES  NO

* Type of animal:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Animal’s name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If the court **does not** issue an Ex Parte Order (the relief you requested is denied):

I ask that **no hearing** be scheduled and that the matter be dismissed. I understand that this means there will be no Order issued and no further proceedings Or

I want a hearing