

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 like the 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?
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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