

**State of Minnesota**

**District Court**

County of: _____	Judicial District: _____
	Court File Number: _____
	Case Type: Domestic Abuse

**In the Matter of:**

**Petition for Order for Protection  
(OFP)**

(Minn. Stat. § 518B.01)

\_\_\_\_\_  
Petitioner (first, middle, last)

On behalf of:  
Other persons needing protection (first, middle, last)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

and for self

vs.

\_\_\_\_\_  
Respondent (first, middle, last)

**1. Petitioner Information (You)**

Name: (first, middle, last) \_\_\_\_\_

Race: \_\_\_\_\_ Gender:  male  female

Date of birth: (month/day/year) \_\_\_\_\_  
(for federal reporting purposes)

*Address:*

I am requesting that my **address** be kept confidential by submitting the completed *Confidential Address/Phone Request* form (OFP107) to the court. (**NOTE:** If you choose this option, DO NOT fill in your address below.)

**OR**

I am not requesting that my address be kept confidential. My address is:

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

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

Phone Number:

- I am requesting that my **phone number** be kept confidential by submitting the completed *Confidential Address/ Phone Request* form (OFP107) to the court. (**NOTE:** If you choose this option, DO NOT fill in your phone number below.)

**OR**

- I am not requesting that my phone number be kept confidential. My phone number is:  
Telephone: \_\_\_\_\_

**2. Email Notification of Service**

**By providing my email address below, I ask to be notified by email when the respondent is served with the OFP.** I understand that:

- This is the only email I will receive from the court about the OFP unless I have signed up to receive other court notices via email,
- It will only be possible for the court to notify me by email when service information is received by the court,
- A technical or other error could happen that prevents the successful delivery of the email,
- I have other options to learn of the service of the OFP on the respondent, including contacting law enforcement directly, and
- I must provide a valid email address in order to receive this notification of service.

THIS EMAIL ADDRESS WILL BE SEEN BY THE RESPONDENT:

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

**3. Who needs protection?**

- Me (Petitioner)
- My minor children
- A person for whom I am the legal guardian (attach Guardianship Order)
- A minor child who is not my legal child, but is a family or household member of mine
- Other: \_\_\_\_\_

For anyone you checked above, other than you, please fill out the following:  None

Name (first, middle, last)	Race	Gender	Date of Birth	Lives with you?	How do you know this person?	How does this person know the Respondent?
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> YES <input type="checkbox"/> NO		

Name (first, middle, last)	Race	Gender	Date of Birth	Lives with you?	How do you know this person?	How does this person know the Respondent?
		<input type="checkbox"/> M <input type="checkbox"/> F		<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"/> M <input type="checkbox"/> F		<input type="checkbox"/> YES <input type="checkbox"/> NO		
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> YES <input type="checkbox"/> NO		

### MINOR CHILDREN

4. Do you have any minor children with the Respondent who are not listed at #3?

YES  NO

If Yes:

- How many \_\_\_\_\_
- Complete one *Other Minor Children with Respondent* attachment (OFP904) for each child not listed at #3.

5. Are there any other minor children living with you that are not listed above at #3 or #4

(even if you are not related to them)?  YES  NO

If Yes, complete the information below:

Name (first, middle, last)	Date of Birth	How do you know this child?	How does this child know the Respondent?

### RESPONDENT

6. **Respondent Information:** (person you want protection from)

Name: (first, middle, last) \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_

Race: \_\_\_\_\_ Gender:  male  female

Date of birth: \_\_\_\_\_ If unknown, age or approximate age: \_\_\_\_\_  
(for federal reporting purposes)

Is Respondent under the age of 18?  Yes  No

Answer these questions **only if** Respondent is younger than 18:

If Respondent is under 18 years old, service must be made on Respondent **and** Respondent's parent or guardian.

Respondent's parent's or guardian's name:

\_\_\_\_\_

Parent or Guardian address:

\_\_\_\_\_

7. How does the person needing protection know the Respondent? (Check all that apply)

Married    Marriage Date: \_\_\_\_\_

Divorced    Marriage Date: \_\_\_\_\_ Divorce Date: \_\_\_\_\_

Currently living together since \_\_\_\_\_ (date)

Used to 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): \_\_\_\_\_ until \_\_\_\_\_

How often did you have contact with Respondent during that time?

\_\_\_\_\_

**OTHER COURT CASES**

8. Is there an OFP **in effect now** between you, or anyone else listed at #3 above, and Respondent?  Yes  No (If no, skip to #9)

If **Yes**, when does the Order expire? \_\_\_\_\_

In what county and state was the Order made? \_\_\_\_\_

What is the Court File or Case Number? \_\_\_\_\_

The Order requires (name) \_\_\_\_\_

to stay away from (names) \_\_\_\_\_

9. Orders for Protection no longer in effect:

Have you, or any of the people listed at #3, had an OFP against Respondent in the past?

Yes  No (If no, skip to #10.)

If **Yes**, how many? \_\_\_\_\_

(If a temporary order expired because law enforcement was not able to serve Respondent with the OFP, you do not have to list it here.)

Give the following details:

Court File or Case Number, if known	County and State

If you need more space, add another sheet of paper.

10. Now, or in the past, have you (or other persons at #3) and Respondent been jointly involved in other family court cases, domestic abuse criminal cases, or harassment restraining order cases?

Yes  No (If no, skip to #11)

If **Yes**, check the box to show what type of case (current or closed) you and Respondent have (or had). Check all that apply:

Divorce  Custody  Paternity  Child Support  Child Protection

Domestic Abuse criminal charges  Domestic Abuse criminal conviction

Harassment Restraining Order

For each box checked, give the following case information. If you are not sure of the details, contact court administration for help.

Case Type	File or Case Number	State and County	Year Filed	Names of children involved in case

If you need more space, add another sheet of paper.

**WHAT HAPPENED?**

11. Why do you (or the persons listed at #3) need an OFP?

Describe the abuse by answering the questions below. If there are several dates, start with the most recent incident, and use the *Attachment for Description of Additional Abuse* to describe what happened on the other dates.

<b>Most Recent Incident</b>
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Date of most recent domestic abuse: \_\_\_\_\_

Who was there?

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Describe what Respondent did to **threaten or physically harm** you (or others at #3) or to make you (or others listed at #3) **afraid**.

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**Weapons**

Describe any use (or threatened use) of guns or other weapons:

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**Injuries**

Was anyone injured?  Yes  No (If no, skip to "911 or Emergency Call.")

If **Yes**, answer these questions:

Describe the injuries:

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Was medical treatment received?  Yes  No

If **Yes**, answer these questions about medical treatment:

Who received medical treatment?

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When and where was medical treatment received?

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**911 or Emergency Call**

During the incident, did Respondent interfere with a 911 or emergency call?  Yes  No

If **Yes**, describe the interference:

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**Law Enforcement**

Did the police or sheriff come?  Yes  No

If **Yes**, list the date, and describe what happened when the police or sheriff came:

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Are there other incidents you need to describe in the attachment?  Yes  No

12. Besides the recent incidents, if you want the court to know about any **history of abuse** by Respondent, you may briefly explain that history here:

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13. Do you believe that the domestic abuse will continue and that you (or others named at #3) are in immediate danger?  Yes  No

Explain why or why not:

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14. Does Respondent work or attend school at the same place as you (or others listed in #3)?

- Yes  No

If **Yes**, explain:

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**REQUESTS FOR RELIEF**

You can ask the court for several types of "relief" (things you can ask the court to order) in an OFP. The first section below (#15 a-j) includes relief that does not require a hearing.

The second section (#16 - #22) includes relief that the court cannot order unless there is a hearing first.

**Relief that does not require a hearing**

I understand that asking for things in #15 (a) through (j) **does not** require a hearing to be held.

I understand that if the court issues an Ex Parte Order (an order based only on your *Petition*), the judicial officer (judge or referee) *may* set a hearing and/or the Respondent *may* request a hearing.

I understand that if the court does not issue an Ex Parte Order, the judicial officer may either dismiss the matter or set a hearing, **unless you do not want a hearing**.

If the court does not issue an Ex Parte Order:

- I want a hearing.
- I do not want a hearing; I understand that there will be no Order issued, and this case will be closed.

**Based on this *Petition*, I ask the court for the following:**

15. I ask the court to issue an Ex Parte Order for Protection to protect all persons listed at #3, and to order the things I check below in (a) through (j):

- a.  Order Respondent not to physically harm the protected persons, or cause the protected persons to fear immediate physical harm.
- b.  Order Respondent to have no contact with the protected persons whether in person, by telephone, mail, e-mail, through electronic devices, social media, through a third party, or by any other means, except as follows:

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c. Order Respondent to stay away from:

- i.  My home or the home Respondent and I share.

My address is confidential (use OFP107)

OR

My home address is: \_\_\_\_\_

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

- And a reasonable area surrounding my home, specifically as follows:

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Except as follows:

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- ii.  The home of \_\_\_\_\_ (protected persons).

- The address is confidential OR

Home address is: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

- And a reasonable area surrounding this home, specifically as follows:

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Except as follows: \_\_\_\_\_

d.  Order Respondent not to call or enter the workplace of (check all that apply):

Petitioner,

\_\_\_\_\_

including all land, parking lots, and buildings at:

Employer Name: \_\_\_\_\_

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

Street, City, State

Except as follows: \_\_\_\_\_

Is there another workplace?  Yes  No

If **Yes**:

Employer Name: \_\_\_\_\_

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

Street, City, State

Except as follows: \_\_\_\_\_

*If there are more than 2 workplaces, add another sheet of paper.*

e.  Order Respondent not to enter another non-work location:

\_\_\_\_\_ at

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

Street, City, State

Except as follows: \_\_\_\_\_

Is there another non-work location?  Yes  No

f.  Order Respondent to continue all currently available insurance coverage without change in coverage or beneficiaries.

g.  Order the possession and care of a pet or companion animal as follows:

\_\_\_\_\_

\_\_\_\_\_

h.  Order Respondent not to physically abuse or injure any pet or companion animal, without legal justification, known to be owned, possessed, kept, or held by either party or a minor child residing in the residence or household of either party as an indirect means of intentionally threatening the safety of such person.

- i.  Direct local law enforcement to provide the following assistance:

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- j.  Other:

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**Relief that requires a hearing**

In addition to what you asked for in #15, you may ask the court to order any of the relief listed below in #16 through #21. Note: **A hearing must be held** if you ask for anything listed below:

**Temporary Custody and Parenting Time**

16. Do you want temporary custody or parenting time ordered for joint minor children?

- Yes  No (if **No**, skip to #17)

If yes:

I ask for temporary custody of the joint minor children:

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I ask the court to order parenting time for the Respondent as follows: (Check all that apply)

- Unsupervised parenting time for the Respondent at the following days/times:

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**OR**

No parenting time for the Respondent because:

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**OR**

Supervised parenting time for the Respondent because:

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with supervision as follows:

- at a safety center or appropriate facility, if available.
- supervised by a relative, friend, or other third party.

Any parenting time the Respondent has should have the following conditions:

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If the court orders parenting time, we should exchange children at:

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Other:

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**Financial Support**

17. Do you want the court to order Respondent to financially support you or the joint children?

Yes  No If **No**, skip to #18)

If **Yes**:

Order Respondent to provide support in the following way(s) (check all that apply):

- Order Respondent to pay a reasonable amount of money for the support of our joint minor children.
  
- Order Respondent to pay a reasonable amount of money to me for my living expenses. (**NOTE**: You must be married to the Respondent to get spousal support for your living expenses)
  
- Order Respondent to provide medical support and/or health insurance.

If asking for any financial support from Respondent, fill out the following sections:

**17a. Your Income and Expenses**

Income: \$ \_\_\_\_\_ /month from \_\_\_\_\_ (source).

My monthly expenses = \$ \_\_\_\_\_, including \$ \_\_\_\_\_ for our joint minor children.

**17b. Respondent's Income**

Respondent's Income is \$ \_\_\_\_\_ /month from \_\_\_\_\_ (source) OR  unknown.

**17c. Respondent's Employment**

Respondent is:

Employed. The name and address of Respondent's employer is:

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Does Respondent have more than one job?  Yes  No

If **Yes**, list the name and address of Respondent's other employers here:

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Unemployed.

Unknown.

**17d. Childcare Costs**

I have child care costs for the joint children of \$ \_\_\_\_\_ /month  
because of work or school.

OR

I do not have child care costs because of work or school.

**17e. Health Insurance**

Health insurance for  me  joint children is through the following (check all that apply)

Your employer

Respondent's employer

MinnesotaCare

Private insurance you purchase

Private insurance Respondent purchases

No health insurance

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

**17f. Other Information**

Other information about why you want financial support:

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**Property**

18.  Award me temporary use and possession of personal property (describe the property):

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Order Respondent not to dispose of or destroy the following property:

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**Restitution**

If asking for restitution, bring receipts or other proof of the expenses to the court hearing.

19. Choose one:

I want the Respondent to pay me restitution of \$ \_\_\_\_\_ (the amount of expenses I had because of the domestic abuse). The following is a description of my expenses:

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**OR**

I am not asking for restitution.

**Counseling, Treatment, or Services**

20. Do you want Respondent to attend counseling, treatment, or other social services?

Yes  No (if **No**, skip to #21)

**If Yes:**

Order Respondent to attend counseling, treatment, or other social services as follows:

- Domestic Abuse program
- Alcohol/chemical dependency evaluation and follow recommended treatment

Mental health evaluation and follow recommended treatment

Other \_\_\_\_\_

**Firearms and Ammunition**

21.  Prohibit Respondent from shipping, transporting, possessing, or receiving any firearms or ammunition.

**Extended Time Frame for OFP**

22.  Issue the OFP for a period up to 50 years because:

Respondent has violated a prior or existing OFP on two or more occasion.

Petitioner/protected person has had two or more OFPs in effect against this Respondent.

23. Grant other relief at the time of the full hearing as the court finds necessary for the protection of a family or household member, including orders or directives to law enforcement agencies.

I declare under penalty of perjury that everything that I have stated in this document is true and correct. Minn. Stat. § 358.116.

Signature of Petitioner:

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature

Name: \_\_\_\_\_

If you have asked to keep your address and/or phone number confidential, do not include it here (use OFP107 instead).

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

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

Telephone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

\_\_\_\_\_  
County and State where signed

**ATTACHMENT FOR DESCRIPTION OF ADDITIONAL ABUSE**

**Additional Incident # 2**

Date of Incident: \_\_\_\_\_ Who was there?

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Describe what Respondent did to **threaten or physically harm** you (or others at #3) or to make you (or others listed at #3) **afraid**.

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**Weapons**

Describe any use (or threatened use) of guns or other weapons:

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**Injuries**

Was anyone injured?  Yes  No (If no, skip to "911 or Emergency Call.")

If **Yes**, answer these questions:

Describe the injuries:

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Was medical treatment received?  Yes  No

If **Yes**, answer these questions about medical treatment:

Who received medical treatment?

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When and where was medical treatment received?

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**911 or Emergency Call**

During the incident, did Respondent interfere with a 911 or emergency call?  Yes  No

If **Yes**, describe the interference:

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**Law Enforcement**

Did the police or sheriff come?  Yes  No

If **Yes**, list the date, and describe what happened when the police or sheriff came:

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Are there any other incidents you need to describe?  Yes  No

**Additional Incident # 3**

Date of Incident: \_\_\_\_\_ Who was there?

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Describe what Respondent did to **threaten or physically harm** you (or others at #3) or to make you (or others listed at #3) **afraid**.

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**Weapons**

Describe any use (or threatened use) of guns or other weapons:

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**Injuries**

Was anyone injured?  Yes  No (If no, skip to "911 or Emergency Call.")

If **Yes**, answer these questions:

Describe the injuries:

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Was medical treatment received?  Yes  No

If **Yes**, answer these questions about medical treatment:

Who received medical treatment?

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When and where was medical treatment received?

**911 or Emergency Call**

During the incident, did Respondent interfere with a 911 or emergency call?  Yes  No

If **Yes**, describe the interference:

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**Law Enforcement**

Did the police or sheriff come?  Yes  No

If **Yes**, list the date, and describe what happened when the police or sheriff came:

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Are there any other incidents you need to describe?  Yes  No

**Additional Incident # 4**

Date of Incident: \_\_\_\_\_ Who was there?

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Describe what Respondent did to **threaten or physically harm** you (or others at #3) or to make you (or others listed at #3) **afraid**.

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**Weapons**

Describe any use (or threatened use) of guns or other weapons:

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**Injuries**

Was anyone injured?  Yes  No (If no, skip to "911 or Emergency Call.")

If **Yes**, answer these questions:

Describe the injuries:

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Was medical treatment received?  Yes  No

If **Yes**, answer these questions about medical treatment:

Who received medical treatment?

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When and where was medical treatment received?

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**911 or Emergency Call**

During the incident, did Respondent interfere with a 911 or emergency call?  Yes  No

If **Yes**, describe the interference:

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**Law Enforcement**

Did the police or sheriff come?  Yes  No

If **Yes**, list the date, and describe what happened when the police or sheriff came:

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Are there any other incidents you need to describe?  Yes  No

**Additional Incident # 5**

Date of Incident: \_\_\_\_\_ Who was there?

Describe what Respondent did to **threaten or physically harm** you (or others at #3) or to make you (or others listed at #3) **afraid**.

**Weapons**

Describe any use (or threatened use) of guns or other weapons:

**Injuries**

Was anyone injured?  Yes  No (If no, skip to "911 or Emergency Call.")

If **Yes**, answer these questions:

Describe the injuries:

Was medical treatment received?  Yes  No

If **Yes**, answer these questions about medical treatment:

Who received medical treatment?

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When and where was medical treatment received?

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**911 or Emergency Call**

During the incident, did Respondent interfere with a 911 or emergency call?  Yes  No

If **Yes**, describe the interference:

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**Law Enforcement**

Did the police or sheriff come?  Yes  No

If **Yes**, list the date, and describe what happened when the police or sheriff came:

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