|  |  |
| --- | --- |
| 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