

State of Minnesota

District Court

County of: \_\_\_\_\_

Court File Number: \_\_\_\_\_

Judicial District: \_\_\_\_\_

Case Type: Domestic Abuse

In the Matter of:

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

On behalf of:

Other persons needing protection (first, middle, last)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

and for Petitioner (on their own behalf)

VS

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

### Petition for Order for Protection (OFP) (OFP102)

Minn. Stat. § 518B.01

## Part 1 - Individuals

### Information about the Petitioner

#### 1. Petitioner Information (You)

My Full Name

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

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

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

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-P) 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:

Street 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-P) 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: \_\_\_\_\_

<b>Email Notification of Service</b>
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2. **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 Respondent:**

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

## Information about Minor Children

### 3. Biological or Adopted Children

- The law requires you to include in the petition information about your minor children, including the name and location or residence of the custodian of any of the children.
  - The law allows a Petitioner or a Custodian to request that the court keep Petitioner's child's address confidential.
  - If the Custodian's address is the same as your minor child's address, and if you want to ask the court to keep the child's address confidential, then do not include the address below. Instead, list it on *Petitioner's Request to Keep Address/Phone Confidential* (OFP107-P).
- List all your biological and adopted children, even if you are not asking for an order for protection on their behalf and even if they do not live with you.
- Do not include a child if your parental rights to that child have been terminated.

a. **Are you the parent of any minor children?**  No.  Yes.

b. If **Yes**: I am the **parent** of \_\_\_\_\_ (number) **minor children** who are named below.

- There is room to list 3 children. If you have more than 3 children, you can use a form titled *Petitioner's Biological or Adopted Children* attachment (OFP102-BAC) to list the remaining children.

#### Biological or Adopted Child - #1

*Child's Name*

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

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

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

*Information about a Custodian, if any*

Does someone other than you (the Petitioner) or the Respondent provide care and support for this child as a custodian?  No  Yes.

If yes, the Custodian's name is: \_\_\_\_\_

*Custodian's Address*

Included on *Petitioner's Request to Keep Address/Phone Confidential* (OFP107-P); or

Street address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

## Biological or Adopted Child - #2

### *Child's Name*

First Name: \_\_\_\_\_  
Middle Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_

### *Information about a Custodian, if any*

Does someone other than you (the Petitioner) or the Respondent provide care and support for this child as a custodian?  No  Yes.

If yes, the Custodian's name is: \_\_\_\_\_

### *Custodian's Address*

Included on *Petitioner's Request to Keep Address/Phone Confidential* (OFP107-P); or

Street address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

## Biological or Adopted Child - #3

### *Child's Name*

First Name: \_\_\_\_\_  
Middle Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_

### *Information about a Custodian, if any*

Does someone other than you (the Petitioner) or the Respondent provide care and support for this child as a custodian?  No  Yes.

If yes, the Custodian's name is: \_\_\_\_\_

### *Custodian's Address*

Included on *Petitioner's Request to Keep Address/Phone Confidential* (OFP107-P); or

Street address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

## 4. Other Minor Children

Do you live with any minor child for whom you are *not* the legal parent?  No.  Yes.

- If “Yes,” fill out the *Other Minor Children* attachment (OFP102-OMC) and include that form with this Petition.

<b>Who Needs Protection?</b>
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**5. Who needs protection?**

- Petitioner.
- Petitioner’s minor children.
- A person for whom Petitioner is the legal guardian (attach Guardianship Order).
- A minor child who is not Petitioner’s legal child, but who is a family or household member of Petitioner.
- Other: \_\_\_\_\_

For anyone you checked above, other than you, give information about each person below. There is space for 3 other people. If you need more room, include the information on the *Person Who Needs Protection* attachment form (OFP102-PP).

**Person Who Needs Protection - #1**

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

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

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

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

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

Does this person live with you?  Yes  No

How do you know this person? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How does this person know the Respondent? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Person Who Needs Protection - #2**

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

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

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

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

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

Does this person live with you?  Yes  No

How do you know this person? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How does this person know the Respondent? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Person Who Needs Protection - #3**

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

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

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

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

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

Does this person live with you?  Yes  No

How do you know this person? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How does this person know the Respondent? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Information about the Respondent**

**6. Respondent Information (Person you want protection from)**

Respondent's Full Name

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

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

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

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

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

Phone: \_\_\_\_\_

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

Date of birth: \_\_\_\_\_ If unknown, age or approximate age: \_\_\_\_\_

(for federal reporting purposes)



- If Respondent is **under 18 years old**, service must be made on Respondent *and* Respondent's parent or guardian.
- Fill out the following **only if** Respondent is younger than 18:

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

Parent or guardian address: \_\_\_\_\_

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

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

Married. Marriage date: \_\_\_\_\_

Divorced. Marriage date: \_\_\_\_\_ Divorce date: \_\_\_\_\_

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

Used to live together: from \_\_\_\_\_ (date) to \_\_\_\_\_ (date)

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  
\_\_\_\_\_ (date).

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

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<b>Other Court Cases</b>
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8. **Current OFP.** Is there an OFP **in effect now** between you, or anyone else listed at #5 above, and Respondent?

No. (if No, skip to #9)

Yes. If Yes, fill in the information about the OFP:

The Order for Protection expires on \_\_\_\_\_ (date).

The OFP is from: (list county and state) \_\_\_\_\_

Court File or Case Number: \_\_\_\_\_

The OFP requires \_\_\_\_\_ (name)

to stay away from \_\_\_\_\_

\_\_\_\_\_ (names).

9. **Orders for Protection no longer in effect.** Have you, or any of the people listed at #5, had an OFP against Respondent in the past?

No. (if No, skip to #10)

Yes. If Yes, fill in the information below:

How many? \_\_\_\_\_ (number)

- 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. If you need more space, add another sheet.

Court File or Case Number, if known	County	State

10. **Other Cases.**

Now, or in the past, have you (or other person at #5) and Respondent been *jointly* involved in **other family court cases, domestic abuse criminal cases, or harassment restraining order cases**?

No. (if No, skip to #11)



Yes.

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                       Harassment Restraining Order  
 Domestic Abuse criminal charges                       Domestic Abuse criminal conviction

For each box checked above, give the following case information. If you are not sure of the details, contact court administration for help. If you need more space, add another sheet of paper.

**Other Case - #1**

Case Type: \_\_\_\_\_  
File or Case Number: \_\_\_\_\_ Year Filed: \_\_\_\_\_  
County and State: \_\_\_\_\_  
Names of Children Involved in the Case: \_\_\_\_\_  
\_\_\_\_\_

**Other Case - #2**

Case Type: \_\_\_\_\_  
File or Case Number: \_\_\_\_\_ Year Filed: \_\_\_\_\_  
County and State: \_\_\_\_\_  
Names of Children Involved in the Case: \_\_\_\_\_  
\_\_\_\_\_

**Other Case - #3**

Case Type: \_\_\_\_\_  
File or Case Number: \_\_\_\_\_ Year Filed: \_\_\_\_\_  
County and State: \_\_\_\_\_  
Names of Children Involved in the Case: \_\_\_\_\_  
\_\_\_\_\_

**Other Case - #4**

Case Type: \_\_\_\_\_  
File or Case Number: \_\_\_\_\_ Year Filed: \_\_\_\_\_  
County and State: \_\_\_\_\_  
Names of Children Involved in the Case: \_\_\_\_\_

\_\_\_\_\_

**Other Case - #5**

Case Type: \_\_\_\_\_

File or Case Number: \_\_\_\_\_ Year Filed: \_\_\_\_\_

County and State: \_\_\_\_\_

Names of Children Involved in the Case: \_\_\_\_\_

\_\_\_\_\_

**Part 2 - What Happened?**

11. Why do you (or the other person listed at #5) need an OFP?

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

**Most Recent Incident**

Date of most recent domestic abuse: \_\_\_\_\_

Who was there? \_\_\_\_\_

\_\_\_\_\_

Describe what Respondent did to **threaten or physically harm** you (or others listed at #5), or to make you (or others listed at #5) **afraid**. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Weapons**

Describe any use (or threatened use) of guns or other weapons. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Injuries**

Was anyone injured?

No. (If no, skip to "911 or Emergency Call.")

Yes.

If Yes, answer these questions:

Describe the injuries: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was medical treatment received?  No.  Yes.

If Yes, answer these questions about medical treatment:

Who received medical treatment? \_\_\_\_\_  
\_\_\_\_\_

When and where was medical treatment received? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 911 or Emergency Call

During the incident did Respondent interfere with a 911 or emergency call?

- No.  
 Yes.

If Yes, describe the interference: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Law Enforcement

Did the police or sheriff come?

- No.  
 Yes.

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

### Other Recent Incidents?

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

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 #5) are in immediate danger?     No.     Yes.

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 #5)?

No.     Yes.

If Yes, explain: \_\_\_\_\_

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### Part 3 - 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.

<b>Relief that does not require a hearing</b>
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- I understand that asking for things in #16 (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 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 #5, 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 person(s) 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: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

c. Order Respondent to stay away from:

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

My address is confidential (use OFP107-P),

**or**

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

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

A reasonable area surrounding my home, specifically as follows: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

ii.  The home of \_\_\_\_\_ (protected person)

This address is confidential,

**or**

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

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

And reasonable area surrounding this home, specifically as follows: \_\_\_\_\_

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

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: \_\_\_\_\_

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

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

\_\_\_\_\_

Is there another workplace?  No.  Yes.

If Yes:

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

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

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

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: \_\_\_\_\_

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

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

\_\_\_\_\_

Is there another non-work location?     No.     Yes.

If Yes:

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

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

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

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

\_\_\_\_\_

*If there are more than 2 non-work locations, add another sheet of paper.*

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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

j. Other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### 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 #22. 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?

No. (if No, skip to #17)

Yes.

If **Yes**:

I ask for temporary custody of the joint minor children: \_\_\_\_\_  
\_\_\_\_\_

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

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

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

**Or**

No parenting time for the Respondent because: \_\_\_\_\_

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

**Or**

Supervised parenting time for the Respondent because: \_\_\_\_\_

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

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: \_\_\_\_\_

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

If the court orders parenting time, we should exchange the 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?

No. (If No, skip to #18)

Yes.

If Yes:

Order Respondent to provide support in the following ways (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.

Order Respondent to provide medical support and/or health insurance.

**Note:** You must be married to the Respondent to get spousal support for your living expenses.

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

**17a. Your Income and Expenses**

Income: \$\_\_\_\_\_ per month from \_\_\_\_\_ (source)

My monthly expenses = \$\_\_\_\_\_, including

\$\_\_\_\_\_ for our joint minor child.

**17b. Respondent's Income**

Respondent's income is \$\_\_\_\_\_ per month from \_\_\_\_\_

\_\_\_\_\_ (source), or  Unknown.

**17c. Respondent's Employment**

Respondent is:

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

Does Respondent have more than one job?  No.  Yes.

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

or

Unemployed.

or

Unknown.

**17d. Childcare Costs**

I have child care costs for the joint child 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
- Minnesota Care
- Private insurance you purchase
- Private insurance Respondent purchases
- No health insurance
- Other: \_\_\_\_\_

**17f. Other Information**

Other reasons I need financial support from Respondent: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Property**

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

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

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

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

**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: \_\_\_\_\_

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

Or

I am not asking for restitution.

**Counseling, Treatment, or Services**

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

No. (if No, skip to #21)

Yes.

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 occasions.

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 I have stated in this document is true and correct. Minn. Stat. § 358.116

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

County and state where signed:  
\_\_\_\_\_

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

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

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

Phone: \_\_\_\_\_

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

## Attachment for Description of Additional Abuse

### Additional Incident

Date of incident: \_\_\_\_\_

Who was there? \_\_\_\_\_

Describe what Respondent did to **threaten or physically harm** you (or others listed at #5), or to make you (or others listed at #5) **afraid**. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Weapons

Describe any use (or threatened use) of guns or other weapons. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Injuries

Was anyone injured?

No. (If no, skip to "911 or Emergency Call.")

Yes.

If Yes, answer these questions:

Describe the injuries: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Was medical treatment received?  No.  Yes.

If Yes, answer these questions about medical treatment:

Who received medical treatment? \_\_\_\_\_

\_\_\_\_\_

When and where was medical treatment received? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 911 or Emergency Call

During the incident did Respondent interfere with a 911 or emergency call?

- No.  
 Yes.

If Yes, describe the interference: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Law Enforcement

Did the police or sheriff come?

- No.  
 Yes.

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

## Additional Incident

Date of incident: \_\_\_\_\_

Who was there? \_\_\_\_\_  
\_\_\_\_\_

Describe what Respondent did to **threaten or physically harm** you (or others listed at #5), or to make you (or others listed at #5) **afraid**. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Weapons

Describe any use (or threatened use) of guns or other weapons. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Injuries

Was anyone injured?

- No. (If no, skip to "911 or Emergency Call.")  
 Yes.

If Yes, answer these questions:

Describe the injuries: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was medical treatment received?  No.  Yes.

If Yes, answer these questions about medical treatment:

Who received medical treatment? \_\_\_\_\_  
\_\_\_\_\_

When and where was medical treatment received? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 911 or Emergency Call

During the incident did Respondent interfere with a 911 or emergency call?

- No.  
 Yes.

If Yes, describe the interference: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Law Enforcement

Did the police or sheriff come?

- No.  
 Yes.

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



**Additional Incident**

Date of incident: \_\_\_\_\_

Who was there? \_\_\_\_\_

Describe what Respondent did to **threaten or physically harm** you (or others listed at #5), or to make you (or others listed at #5) **afraid**. \_\_\_\_\_

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

**Weapons**

Describe any use (or threatened use) of guns or other weapons. \_\_\_\_\_

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

**Injuries**

Was anyone injured?

- No. (If no, skip to "911 or Emergency Call.")
- Yes.

If Yes, answer these questions:

Describe the injuries: \_\_\_\_\_

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

Was medical treatment received?  No.  Yes.

If Yes, answer these questions about medical treatment:

Who received medical treatment? \_\_\_\_\_

\_\_\_\_\_

When and where was medical treatment received? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**911 or Emergency Call**

During the incident did Respondent interfere with a 911 or emergency call?

- No.
- Yes.

If Yes, describe the interference: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Law Enforcement

Did the police or sheriff come?

- No.
- Yes.

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

<b>Additional Incident</b>
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Date of incident: \_\_\_\_\_

Who was there? \_\_\_\_\_  
\_\_\_\_\_

Describe what Respondent did to **threaten or physically harm** you (or others listed at #5), or to make you (or others listed at #5) **afraid**. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Weapons

Describe any use (or threatened use) of guns or other weapons. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Injuries

Was anyone injured?

- No. (If no, skip to "911 or Emergency Call.")
- Yes.

If Yes, answer these questions:

Describe the injuries: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Was medical treatment received?  No.  Yes.

If Yes, answer these questions about medical treatment:

Who received medical treatment? \_\_\_\_\_

\_\_\_\_\_

When and where was medical treatment received? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### 911 or Emergency Call

During the incident did Respondent interfere with a 911 or emergency call?

No.

Yes.

If Yes, describe the interference: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Law Enforcement

Did the police or sheriff come?

No.

Yes.

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

\_\_\_\_\_

\_\_\_\_\_