

See Instructions (OFP101) for help in filling out this form.

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 your address will not be listed on the Order for Protection and may be more difficult to enforce the order for any violations occurring at or near your address. **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: _____

Email Notification of Service

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: _____

Who Needs Protection?

3. Who needs protection?

Are you asking for protection for yourself? ☐ No ☐ Yes

Are you asking for protection for anyone else? ☐ No ☐ Yes

If **yes**, for anyone 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 (other than you) - #1

First Name: _____

Middle Name: _____

Last Name: _____

Race: _____ Gender: ☐ male ☐ female

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

a. What is this person's relationship to you?

- ☐ Petitioner's minor child (biological or adopted)
- ☐ 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: _____

b. If you checked that this person is your minor child, is someone other than you or the Respondent a custodian of this child, as defined in Minn. Stat. § 518.01 subd. 2 (d)?

☐ No ☐ Yes

If yes, the Custodian's name is: _____

Custodian's Address

- 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).

☐ I want the address to be kept confidential and have included it on *Petitioner's Request to Keep Address/Phone Confidential* (OFP107-P);

or

☐ I am not requesting my child's address be kept confidential. The address is:

Street address: _____

City, State, Zip: _____

c. How does this person know the Respondent? _____

Person Who Needs Protection (other than you) - #2

First Name: _____

Middle Name: _____

Last Name: _____

Race: _____ Gender: ☐ male ☐ female

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

a. What is this person's relationship to you?

☐ Petitioner's minor children (biological or adopted)

☐ 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: _____

b. If you checked that this person is your minor child, is someone other than you or the Respondent a custodian of this child, as defined in Minn. Stat. § 518.01 subd. 2 (d)?

☐ No ☐ Yes

If yes, the Custodian's name is: _____

Custodian's Address

- 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).

☐ I want the address to be kept confidential and have included it on *Petitioner's Request to Keep Address/Phone Confidential* (OFP107-P);

or

☐ I am not requesting my child's address be kept confidential. The address is:

Street address: _____

City, State, Zip: _____

c. How does this person know the Respondent? _____

Person Who Needs Protection (other than you) - #3

First Name: _____

Middle Name: _____

Last Name: _____

Race: _____ Gender: ☐ male ☐ female

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

a. What is this person's relationship to you?

☐ Petitioner's minor children (biological or adopted)

☐ 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: _____

b. If you checked that this person is your minor child, is someone other than you or the Respondent a custodian of this child, as defined in Minn. Stat. § 518.01 subd. 2 (d)?

☐ No ☐ Yes

If yes, the Custodian's name is: _____

Custodian's Address

- 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).

☐ I want the address to be kept confidential and have included it on *Petitioner's Request to Keep Address/Phone Confidential* (OFP107-P);

or

☐ I am not requesting my child's address be kept confidential. The address is:

Street address: _____

City, State, Zip: _____

c. How does this person know the Respondent? _____

Information about Minor Children

4. Biological or Adopted Children

The law requires you to include information about your minor children, including the name and location or residence of the custodian of any of the children, even if you are not asking for an order for protection on their behalf **and** even if they do not live with you. This does not include a child if your parental rights have been terminated.

Are you the parent of any minor children not already listed as a Protected Party in #3?

☐ No ☐ Yes

- If "yes" fill out Petitioner's Biological or Adopted Children attachment (OFP102-BAC) to list the children not already included in #3. This form must be included with this Petition.

5. Other Minor Children

Do you live with any minor child for whom you are *not* the legal parent and is not already listed as a Protected Party in #3? ☐ No ☐ Yes

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

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 do you 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? _____

Other Court Cases

8. **Current OFP.** Is there an OFP in effect now between you, or anyone else listed at #3 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 #3, 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.

Case #1

Court File or Case Number, if known: _____

County and State: _____

Case #2

Court File or Case Number, if known: _____

County and State: _____

Case #3

Court File or Case Number, if known: _____

County and State: _____

10. Other Cases.

Now, or in the past, have you (or other person at #3) 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: _____

Part 2 - What Happened?

11. Why do you (or the other person listed at #3) 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 #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?

☐ 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: _____

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

Explain why or why not: _____

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

☐ No ☐ Yes

If Yes, explain: _____

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.

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 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: _____

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). Do **not** fill in your address below.

or

- ☐ My address is not confidential.

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 (use OFP107-P). Do **not** fill in the address below.

or

- ☐ This address is not confidential.

The 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: _____

☐ Other: _____

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. (**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: \$_____ 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: _____

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

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 #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?

☐ 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 #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?

☐ 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 #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?

☐ 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 #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?

☐ 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: _____