

Plaintiff / Plaintiff Employer (Work Injunction ONLY) Birth Date: _____ _____ Agent's Name (Work Injunction ONLY)	Defendant Address _____ City, State, Zip Code, Phone	Case No. _____ <p style="text-align: center;"><u>This is not a court order.</u></p> <p style="text-align: center;">PETITION for</p> <input type="checkbox"/> Order of Protection <input type="checkbox"/> Injunction Against Harassment <input type="checkbox"/> Workplace Injunction
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DIRECTIONS: Please read the Plaintiff's Guide Sheet before filling out this form.

1. Defendant/Plaintiff Relationship: Married now or in the past Live together now or lived together in the past, Child in common One of us pregnant by the other Related (Parent, In-law, Brother, Sister or Grandparent) Romantic or sexual relationship (current or previous) Dating but not a romantic and sexual relationship
 Other: _____

2. If checked, there is a pending action involving maternity, paternity, annulment, legal separation, dissolution, custody, parenting time or support in _____ Superior Court, Case #: (County) _____

3. Have you or the Defendant been charged or arrested for domestic violence OR requested a Protective Order?
 Yes No Not sure
 If yes or not sure, explain: _____

4. I need a Court Order because: (PRINT both the dates and a brief description of what happened):

Tell the judge what happened and why you need this order. A copy of this petition is provided to the defendant when the order is served. (Do not write on the back, or in the margin. Attach additional paper if necessary.)

Dates

Case No. _____

5. The following persons should also be on this Order. As stated in number 4, the Defendant is a danger to them:

_____	____/____/____	_____	____/____/____
	Birth Date		Birth Date
_____	____/____/____	_____	____/____/____
	Birth Date		Birth Date

6. Defendant should be ordered to stay away from these locations, at all times, even when I am not present:

- Home _____
- Work _____
- School/Others _____

7. If checked, because of the risk of harm, order the defendant NOT to possess firearms or ammunition.

8. If checked, order the Defendant to participate in domestic violence counseling or other counseling. This can be ordered only after a hearing of which the Defendant had notice and an opportunity to participate.

9. Other: _____

Under penalty of perjury, I swear or affirm the above statements are true to the best of my knowledge, and I request an Order / Injunction granting relief as allowed by law.

Plaintiff

Attest: _____ / ____/____
Judicial Officer/ Clerk / Notary Date