



# **Family Abuse Protective Order Packet**

Domestic Relations Services

4110 Chain Bridge Road, Suite 202  
Fairfax, Virginia 22030  
Main: (703) 246-3040  
Fax: (703) 273-1293  
Deaf or Hearing-Impaired Dial 711



## PROTECTIVE ORDER / FAMILY ABUSE INFORMATION

You are the **PETITIONER**, and the person you are filing against is the **RESPONDENT**.

### **WHO CAN FILE IN JUVENILE & DOMESTIC RELATIONS DISTRICT COURT (JDRDC)**

- Any family or household member (*defined below*)
- Anyone filing against a person under the age of 18 (related or unrelated)
- Any person under the age of 18 filing against another party (related or unrelated)

### **WHERE A JDRDC CASE SHOULD BE FILED**

- To file in Fairfax JDRDC, either some abuse must have happened in Fairfax County (or a city within it), OR Petitioner or Respondent lives in Fairfax County (or a city within it).
- If Petitioner fled abuse in a different part of Virginia and is staying in Fairfax, you may file in Fairfax.

### **A protective order is about YOUR PHYSICAL SAFETY**

You may have questions or concerns about issues such as money, property, disagreements about the children, divorce, immigration, or infidelity. **A Protective Order IS NOT the proper tool** to address these issues. Please ask to speak to an intake officer about the right place to discuss these matters or speak to an attorney.

### **YOU WILL NEED the Respondent's contact information.**

- Full name, phone number, address (home or work), date of birth, height, weight, eye color, hair color.

**INTERPRETER:** You have a right to a FREE interpreter for every step of this process.

However, if you ask for an interpreter for your court hearing, you must speak only in the requested language.

## FAMILY ABUSE

**Virginia code §16.1-228 defines "family abuse"** as any **act involving violence, force, or threat** that results in **bodily injury** or places one in **reasonable apprehension** [fear] **of death, sexual assault, or bodily injury** and is committed by a person against such person's family or household member. Such act includes, but is not limited to, any forceful detention, stalking, criminal sexual assault in violation of Article 7 § 18.2-61 et seq.) of Chapter 4 of Title 18.2, or any criminal offense that results in bodily injury or places one in reasonable apprehension of death, sexual assault, or bodily injury.

### **FAMILY or HOUSEHOLD MEMBERS include:**

- Husband/wife, ex-husband, ex-wife
- Parents, step-parents
- Children, step-children (adult or minor)
- Brothers, half-brothers, sisters, half-sisters
- Persons with children in common
- Grandparents, grandchildren
- Mother/father-in-law living in the same home
- Daughter/son-in-law living in the same home
- Brother/sister-in-law living in the same home
- Current or former cohabitants (persons who have lived together as if a married couple in the last 12 months)
- Any children (adult or minor) of cohabitating parties who live in the same home

## WHAT TO INCLUDE IN YOUR PETITION

### Describe recent acts of violence/abuse, such as:

- Slapping, hitting, punching, kicking, biting
- Striking with an open hand or closed fist
- Pushing, shoving, or grabbing
- Stalking (*repeated contact or following when they know you want them to stop*)
- Strangling or grabbing/choking your neck
- Throwing things at someone else
- Holding, tying down, or restraining without permission
- Forcing someone to do something sexually
- Threatening to physically harm or kill
- Using or threatening to use weapons (*knife, gun, bat, etc.*)
- Harming or killing pets as a threat

### Also include:

- Concerns for your SAFETY
- Physical injuries or pain you experienced
- Medical attention you received
- Police involvement/assistance
- Whether children were present during the abuse
- How the abuse is affecting the children
- Weapons in or around the home
- Destroyed/vandalized property, personal items
- History of past abuse or violence
- Respondent's drug/alcohol use
- Respondent's diagnosed mental health history
- Prior protective orders entered against the respondent
- Respondent's prior criminal convictions
- Why you are afraid for the future

\* Unfortunately, emotional abuse and insults are not grounds for a protective order under Virginia law.

## WHAT A PROTECTIVE ORDER CAN DO

### The Court can require Respondent to:

- Stop physically abusing you
- Have NO or limited contact with you and/or with family/household members
- Stay away from you, your home, and/or work
- Not terminate necessary utilities
- Not terminate your cell phone plan or contract
- Not use any electronics to track you
- Maintain car insurance, registration, and tags
- Pay for you to live in a different place
- Participate in a batterer intervention program
- Participate in drug, alcohol, or mental health treatment or assessment

### The Court can grant you temporary, emergency:

- Custody/visitation of a minor child
- Child support

### The Court can also grant you possession of:

- Your residence
- A vehicle you have in your name (or both of your names)
- Your cell phone and number
- Your pets

## NOTICE TO PETITIONERS REGARDING WEAPONS AND FIREARMS

Virginia law says that it is a felony for the respondent in a final protective order to possess firearms during the period of the protective order. (Va. Code Ann. §18.2-308.1:4)

- If the court issues a final protective order, Respondent is prohibited from possessing a firearm.
- Respondent is required to sell or give the firearm(s) to someone else within 24 hours.
  - ➔ Virginia law does not require Respondent to reveal how they chose to dispose of the weapons.

**IF YOU FEEL YOU ARE IN DANGER AT ANY TIME, CALL 911**

# PROTECTIVE ORDER PROCESS

You are the **PETITIONER** and the person you are filing against is the **RESPONDENT**.

Filing for a Protective Order (PO) is a two-step process. **For each step, you have a choice of two different ways to complete it; in person, or remotely:**

## (1) REVIEW AND FILL OUT THE PAPERWORK IN THIS PACKET

*The Intake Officer will use the information to fill in the official forms.*

## (2) PRESENT YOUR TESTIMONY TO THE COURT

*To get a temporary order to protect you immediately, you must present a sworn statement.*

### STEP 1: REVIEW & FILL OUT THE PAPERWORK IN THIS PACKET

*You may choose to fill out the paperwork and forms either:*

#### IN-PERSON

- Meet with an Intake Officer at a scheduled appointment.
- They will guide you through the forms and the rest of the process and getting the paperwork to the judge.

#### REMOTELY

- PDF fillable forms will be emailed to you; do not complete forms using the I-CAN website.
- Fill out the paperwork on your own computer or device and email it back.
- Meet with an Intake Officer virtually via Microsoft Teams to review the forms and sign via DocuSign.

### STEP 2: PRESENT YOUR TESTIMONY TO THE COURT

*You may choose to do this either:*

#### IN-PERSON ORAL TESTIMONY

- Your paperwork will be given to the Clerk of Court before you talk to the judge.
- An intake officer will review court protocol with you and tell you what time your hearing will be.
- An intake officer will accompany you to the courtroom on the 3<sup>rd</sup> floor.
- When it is your turn, you will go into the courtroom alone and explain to the judge why you need a protective order.\*\*
- The judge will decide immediately whether to grant the Preliminary Protective Order.
- After court, you will receive a copy of either your Preliminary Protective Order or Denial Order as well as the date/time of your next hearing.
- This will be your only notice of the hearing – you will not receive anything in the mail.

*\*\* If you cannot speak English, a free interpreter will be provided for you.*

#### SWORN WRITTEN AFFIDAVIT

- You will complete the paperwork, including the Affidavit form\*\*, which is your chance to explain why you need a protective order.
- You will need to swear that everything you have written is true and accurate.
- An Intake Officer will meet with you (*either in-person or over Teams*) to swear you in and sign the Affidavit.
- A judge will review what you have written and decide whether to grant or deny your Preliminary Protective Order.
- Later that day, you will be notified by e-mail of the judge's decision, with a copy of the Preliminary PO or Denial Order, and the date/time of your next hearing.
- This will be your only notice of the hearing – you will not receive anything in the mail.

*\*\* If you write in a language other than English, Court Services will have the affidavit translated within 24 hours.*

## WHAT HAPPENS NEXT

### ☐ Your case will be scheduled for a final hearing



- The Clerk's Office will schedule a date for you to come to court for the hearing on your final protective order in about two weeks (no more than 15 days).
- You will get a court date whether your Preliminary Protective Order was granted or denied.
- The hearing date and time will be written on your order:
  - On a Preliminary Protective Order, it will be on page 2, above the judge's signature; or
  - On an Order denying the Preliminary Protective Order, it will be in the "Summons for Hearing" box.
- You may choose to withdraw your case before your hearing date.
- For more information, contact the **JDRDC Clerk's Office at (703) 246-3367**.

### ☐ Respondent will be served with notice of the hearing



- The Preliminary Protective Order (PPO) is not in effect until Respondent is **personally** served with (handed) the papers by the sheriff's office or a licensed private process server.
- The Respondent will be served with the paperwork, even if your PPO is denied.
- For service information, call **Fairfax County Sheriff's Office** at **(703) 246-3227**, option 3 (M-F 8am-4pm).
- To ensure service, you may hire a private process server; find one at <http://napps.org>.

### ☐ Preparing for the final hearing



- You may want to consult with an attorney for advice about what to expect in the hearing and how best to present your case.
  - You may qualify for a free consultation and possible representation from a volunteer attorney through Legal Services of Northern Virginia's **Attorney of the Day Program** or with another legal nonprofit, JCADA. **Ask the intake officer about applying.**
- If you are asking the court to grant you temporary custody/visitation and/or child support, possession of a vehicle, suitable alternative housing, or other relief, you will need to explain or show proof that the request is **necessary for your safety** and/or the safety of your children.
  - For child support, you will need to provide information to the court regarding your income and the respondent's income. If you don't know the income information, the court may not grant support.
- If you need a witness to come to your hearing (*police officer, social worker, etc.*), you must complete a **Subpoena Form** (and file with Pre-Court, room 302) at least 10 days before the hearing.

### ☐ The day of Court



- Please arrive at the courthouse 1 hour before your scheduled hearing; your case will be dismissed if you are late.
- Bring any evidence (*photos, text messages, etc.*) with you to court. (Phones are allowed in the court.)
- You are not allowed to ask for a continuance of your hearing to a new date if Respondent disagrees.
- The case can be continued if (1) Respondent asks for more time to prepare, OR (2) if Respondent does not come to court and has not been served.
- After your hearing, if the Final Protective Order is denied, you have 10 days to appeal the decision.

## OPTIONAL SERVICES



### LSNV ATTORNEY OF THE DAY PROGRAM

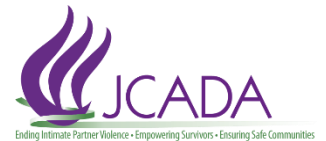
The Attorney of the Day Program is available to qualified individuals who cannot afford to hire a private attorney. Financial eligibility screening is required; Respondent's financial resources are not counted. Applicants who do not qualify for LSNV may be referred to JCADA for advice and possible representation.

**Legal Services of Northern Virginia (LSNV)** the legal aid serving Northern Virginia, has connected thousands of petitioners in family abuse protective orders with free legal advice and representation from staff and volunteer attorneys through the Attorney of the Day Program.

To apply or for additional information, please call/visit: (703) 778-6800 / [www.lsnv.org](http://www.lsnv.org)

**Jewish Coalition Against Domestic Abuse (JCADA)** is a nonprofit that provides free clinical and legal assistance to victims/survivors of intimate partner violence regardless of faith, income, race, national origin, LGBTQ+ identities, or immigration status.

For more information, call 1-877-88-JCADA (52232) or email [legal@jcada.org](mailto:legal@jcada.org)



### DOMESTIC VIOLENCE ACTION CENTER (DVAC)

DVAC is a comprehensive, co-located service center, staffed by Fairfax County agency and community nonprofit partners, created to provide culturally responsive services for county residents who have experienced domestic or sexual violence, sex trafficking, and/or stalking.

**Services at DVAC include, but are not limited to:**

- Crisis intervention and options counseling.
- Victim advocacy, including safety planning and court accompaniment.
- Information & referrals, including shelter, counseling, legal, and social services.
- Education about the criminal and civil justice systems, including support in filing for a protective order.

**CALL DVAC: (703) 246-4573 Monday-Friday, 8 a.m.-7 p.m. (By appointment only from 4:30-7 p.m.)**

Fairfax County Domestic & Sexual Violence 24-Hour Hotline: (703) 360-7273; TTY (703) 435-1235

National Domestic Violence Hotline: 1-800-799-SAFE (7233) | National Sexual Assault Hotline: 1-800-656-HOPE (4673)



### AFFORDABLE HEALTH INSURANCE FOR CHILDREN (FAMIS)

FAMIS is Virginia's health insurance program for uninsured children. Based on your household size and income, your children may qualify for enrollment in FAMIS or FAMIS Plus (Children's Medicaid) coverage.

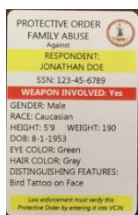
**Coverage includes:**

- Annual well checkups for babies, kids and teens • Vision care and glasses • Prescription drugs • Mental health care • Doctor visits • Tests and X-rays • Shots/vaccines • Hospital stays • Dental care • ER care • And more...

**To be eligible for FAMIS or FAMIS Plus, your child must:**

- Live in Virginia • Be under the age of 19 • Be a U.S. citizen or a lawfully residing immigrant (parent's immigration status is **not** considered) • Have a family income (before taxes and deductions) within the FAMIS limit.

To apply or for additional information, please call/visit: 1-855-242-8282 / [www.coverva.org](http://www.coverva.org)



### HOPE CARDS

A Hope Card is a **credit-card sized version of your final protective order.**

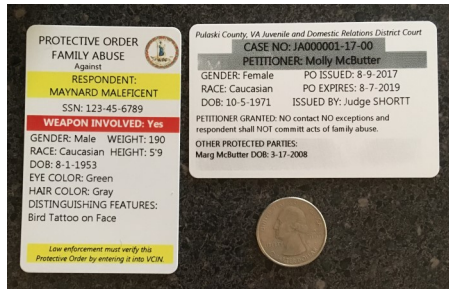
You can apply for a Hope Card if you are a Petitioner or protected party on a final PO that lasts for more than 12 months. Applications are available at the clerk's office (post-court window) or visit

<https://hopecard.vacourts.gov> for more information.

# Hope Cards for Protective Orders

In Participating Virginia Localities

## Frequently Asked Questions



Keep all the important information from your final protective order on a plastic, wallet-sized card, issued by the court at no charge.

**What is a Hope Card?** It is a laminated card, similar in size and shape to a credit card, that contains all the essential information about a civil protective order in a durable, easy-to-read format. The card is a convenient way to carry around the important information found on a protective order. It does NOT replace the existing protective order. Law enforcement still must verify the order in the Virginia Criminal Information Network when presented with a **Hope Card**. The **Hope Card** has information such as:

- Identifying characteristics of the person being ordered to "stay away"
- Issue/expiration date of the order
- Terms of the order, including possession of residence, etc.
- Other protected parties

**Who is eligible to apply for a Hope Card?** **Hope Cards** are available only to holders of a final civil protective order issued in Virginia localities participating in the **Hope Card** Program. To qualify for a **Hope Card**, the protective order must be the result of a domestic/family/sexual violence case, or stalking case and be for 12 months or longer. **Hope Cards** are not issued for emergency protective orders, preliminary protective orders, or "no contact" orders in a criminal case.

**How does someone apply?** To apply for a **Hope Card**, contact either the court Clerk where your protective order was issued or someone from your local Victim Assistance Program, and ask for an application. They will help you obtain the request form for a **Hope Card**. Once the form has been completed by the applicant and processed by the Clerk, a **Hope Card** will be sent directly to the applicant. For cases in which victim safety is a concern, a Hope Card may be sent elsewhere.

**When will the Hope Card arrive?** Most Hope Cards are mailed to the applicant within 14 business days of the clerk entering the request into the system.

To find out if your locality participates in the Hope Card Program, contact the court Clerk where your protective order was issued or ask your local Victim Assistance Office. If you are a service provider interested in getting your locality involved, please contact:  
Jaime Clemmer, Hope Card Program Coordinator, [jclemmer@vacourts.gov](mailto:jclemmer@vacourts.gov)  
Department of Judicial Planning, Office of the Executive Secretary, Supreme Court of Virginia



# HOPE CARD REQUEST FORM

## COMMONWEALTH OF VIRGINIA

\_\_\_\_\_  
(County/City)

**Check one:**    ☐ **JUVENILE AND DOMESTIC RELATIONS (JDR) DISTRICT COURT**  
                  ☐ **GENERAL DISTRICT COURT (GDC)**  
                  ☐ **CIRCUIT COURT (CC)**

**Hope Cards are FREE and available to anyone with an eligible, valid protective order that lasts 12 months or longer, was issued by a participating Virginia Court, and is valid 12 months or longer from date of application. Hope Cards are not issued for *temporary* protective orders.** Cards are also available for any individuals covered by the order.

### Instructions:

You will need to refer to the protective order issued by the court to complete this form. Please print all information as neatly and completely as possible when filling out the form. Submit the completed form to the Clerk's Office where the protective order was issued.

Hope Cards are mailed within approximately 14 business days. If you do not receive your card within this period, please email the Hope Card Program Coordinator, Jaime Clemmer, at [jclemmer@vacourts.gov](mailto:jclemmer@vacourts.gov) to check on the status of your request or contact your local Victim/Witness or Court advocate.

### COMPLETE THE FOLLOWING

**Protective Order Information:** Please print. *All fields with an \* must be completed.*

\_\_\_\_\_  
\*Case Number

\_\_\_\_\_  
\*Last Name of Signing Judge

\_\_\_\_\_  
\*Date Signed by Judge (MM/DD/YYYY)

\_\_\_\_\_  
\* Date Order Expires (MM/DD/YYYY)

\*Protective Order indicates Weapon Involved: (circle one) *Yes* or *No*

### Petitioner Information: (Person who asked for Protective Order)

\_\_\_\_\_  
\*First Name

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

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

\_\_\_\_\_  
Suffix

\*Race: (*circle one*) White Black Hispanic Asian Indian Other Unknown

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

\_\_\_\_\_  
\*Date of Birth (mm/dd/yyyy)

### Petitioner's relationship to respondent: (*circle one*)

Spouse/ex-spouse

Dating/ex-dating

Child in common

Family/household member

Other

*\*For eligibility purposes, is the protective order the result of domestic/family/sexual violence or stalking: (circle one) **YES** **NO***  
***-If you circled NO, we cannot issue a Hope Card for the protective order.***

### \* Mailing Address

(This mailing address is where the card will be sent. It is for internal use only and will NOT be printed anywhere on card.)

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

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

Contact Phone #: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

*If we need to contact you regarding your Hope Card, do you prefer to be contacted by (circle one):*

*Email*

*Phone*

*Do not contact me, if I have a question about my card I will contact you*

**Respondent Information: (Person who is ordered to “stay away”)**

*This information should match your paper Protective Order*

\*First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix \_\_\_\_\_

\*Race: (*circle one*) White Black Hispanic Asian Indian Other Unknown

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

\*Date of Birth (mm/dd/yyyy) \_\_\_\_\_

\*Height: \_\_\_\_\_ \*Weight: \_\_\_\_\_ \*Eye Color: \_\_\_\_\_ \*Hair Color: \_\_\_\_\_

\*SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\*Distinguishing Features: *These are only included **IF** the Judge lists them on the PO*

**Court Ordered (check ALL that apply): \***

\_\_\_\_ No acts of family abuse      \_\_\_\_ No contact with petitioner      \_\_\_\_ No contact with family or household member

\_\_\_\_ Shall not terminate utilities      \_\_\_\_ Not use electronic device to locate      \_\_\_\_ No exceptions

Possession of (list only if indicated on PO): \_\_\_\_\_

Other conditions/exceptions: \_\_\_\_\_

**Additional Protected Persons Information:**

Person 1: \_\_\_\_\_  
*First name                      Middle name                      Last name                      Date of Birth*

Person 2: \_\_\_\_\_  
*First name                      Middle name                      Last name                      Date of Birth*

Person 3: \_\_\_\_\_  
*First name                      Middle name                      Last name                      Date of Birth*

Person 4: \_\_\_\_\_  
*First name                      Middle name                      Last name                      Date of Birth*

Person 5: \_\_\_\_\_  
*First name                      Middle name                      Last name                      Date of Birth*

Check here if there are additional parties and list their information on an additional sheet ☐

**Number of Cards Requested:** \_\_\_\_\_ (Maximum of 1 card per each protected person without additional approval/explanation)

**I am filling this form out myself as the applicant:** (*circle one*) **YES** **NO**

**If no:**

Name of Victim/Witness or Clerk Assisting: \_\_\_\_\_ Phone# \_\_\_\_\_

Agency Name: \_\_\_\_\_ Email: \_\_\_\_\_

Date: \_\_\_\_\_ Intake Officer: \_\_\_\_\_ Time: \_\_\_\_\_ Clerk: \_\_\_\_\_



## FAIRFAX COUNTY JUVENILE AND DOMESTIC RELATIONS DISTRICT COURT PROTECTIVE ORDER INTAKE SHEET

ICN: \_\_\_\_\_

PLEASE CLEARLY PRINT ALL FIELDS AND COMPLETE INFORMATION ON THE BACK:

PETITIONER (YOU OR PERSON YOU ARE FILING FOR)

BADGE #: \_\_\_\_\_

FULL LAST NAME / FAMILY NAME FIRST NAME MIDDLE NAME

D.O.B: \_\_\_\_\_ RACE: \_\_\_\_\_ HISPANIC: ☐ Y ☐ N ☐ Female ☐ Male ☐ Other  
(WHITE / BLACK / ASIAN / AMERICAN INDIAN / OTHER / UNKNOWN)

SSN: \_\_\_\_\_ Cell: \_\_\_\_\_ Other: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
STREET NUMBER AND NAME CITY STATE ZIP CODE

SAFE EMAIL ADDRESS: \_\_\_\_\_

RESPONDENT (PERSON YOU ARE FILING AGAINST):

BADGE #: \_\_\_\_\_

FULL LAST NAME / FAMILY NAME FIRST NAME MIDDLE NAME

D.O.B: \_\_\_\_\_ RACE: \_\_\_\_\_ HISPANIC: ☐ Y ☐ N ☐ Female ☐ Male ☐ Other  
(WHITE / BLACK / ASIAN / AMERICAN INDIAN / OTHER / UNKNOWN)

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell: \_\_\_\_\_ Other: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
STREET NUMBER AND NAME CITY STATE ZIP CODE

EMAIL ADDRESS: \_\_\_\_\_

DL #: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ EYE: \_\_\_\_\_ HAIR: \_\_\_\_\_  
DRIVER'S LICENSE NUMBER STATE

EMPLOYER'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMPLOYER'S ADDRESS: \_\_\_\_\_  
STREET NUMBER AND NAME CITY STATE ZIP CODE

PETITIONER'S RELATIONSHIP TO RESPONDENT: \_\_\_\_\_

HAS A PROTECTIVE ORDER BEEN ISSUED INVOLVING PETITIONER OR RESPONDENT? ☐ NO ☐ YES

DATE: \_\_\_\_\_ COUNTY/STATE: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

IF YOU ARE FILING ON BEHALF OF A PETITIONER, PLEASE COMPLETE THE FOLLOWING:

BADGE #

FULL LAST NAME/FAMILY NAME FIRST NAME MIDDLE NAME

RELATIONSHIP TO PETITIONER: \_\_\_\_\_ DOB: \_\_\_\_\_ RACE: \_\_\_\_\_  
(WHITE/BLACK/ASIAN/AMERICAN INDIAN/OTHER/UNK)

EMAIL: \_\_\_\_\_ ☐ FEMALE ☐ MALE PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
☐ SAME AS PETITIONER STREET NUMBER AND NAME CITY STATE ZIP CODE

## CHILDREN

**CHILD 1:** \_\_\_\_\_  
LAST NAME SECOND LAST NAME (If applicable) FIRST NAME MIDDLE NAME  
☐ Child in Common ☐ Petitioner's Child ☐ Respondent's Child ☐ Other: \_\_\_\_\_ **Gender:** ☐ M ☐ F ☐ Other  
**D.O.B:** \_\_\_\_\_ **RACE::** \_\_\_\_\_ **Hispanic:** ☐ YES ☐ NO **Lives With:** ☐ Mother ☐ Father ☐ Other  
(WHITE/BLACK/ASIAN/AMERICAN INDIAN/OTHER/UNK)

**CHILD 2:** \_\_\_\_\_  
LAST NAME SECOND LAST NAME (If applicable) FIRST NAME MIDDLE NAME  
☐ Child in Common ☐ Petitioner's Child ☐ Respondent's Child ☐ Other: \_\_\_\_\_ **Gender:** ☐ M ☐ F ☐ Other  
**D.O.B:** \_\_\_\_\_ **RACE::** \_\_\_\_\_ **Hispanic:** ☐ YES ☐ NO **Lives With:** ☐ Mother ☐ Father ☐ Other  
(WHITE/BLACK/ASIAN/AMERICAN INDIAN/OTHER/UNK)

**CHILD 3:** \_\_\_\_\_  
LAST NAME SECOND LAST NAME (If applicable) FIRST NAME MIDDLE NAME  
☐ Child in Common ☐ Petitioner's Child ☐ Respondent's Child ☐ Other: \_\_\_\_\_ **Gender:** ☐ M ☐ F ☐ Other  
**D.O.B:** \_\_\_\_\_ **RACE::** \_\_\_\_\_ **Hispanic:** ☐ YES ☐ NO **Lives With:** ☐ Mother ☐ Father ☐ Other  
(WHITE/BLACK/ASIAN/AMERICAN INDIAN/OTHER/UNK)

**CHILD 4:** \_\_\_\_\_  
LAST NAME SECOND LAST NAME (If applicable) FIRST NAME MIDDLE NAME  
☐ Child in Common ☐ Petitioner's Child ☐ Respondent's Child ☐ Other: \_\_\_\_\_ **Gender:** ☐ M ☐ F ☐ Other  
**D.O.B:** \_\_\_\_\_ **RACE::** \_\_\_\_\_ **Hispanic:** ☐ YES ☐ NO **Lives With:** ☐ Mother ☐ Father ☐ Other  
(WHITE/BLACK/ASIAN/AMERICAN INDIAN/OTHER/UNK)

## OTHER MEMBERS OF YOUR HOUSEHOLD THAT YOU WANT TO INCLUDE IN YOUR PETITION:

**OTHER 1:** \_\_\_\_\_  
LAST NAME SECOND LAST NAME (If applicable) FIRST NAME MIDDLE NAME  
**D.O.B:** \_\_\_\_\_ **RACE:** \_\_\_\_\_ ☐ M ☐ F ☐ OTHER **HISPANIC:** ☐ YES ☐ NO  
(WHITE/BLACK/ASIAN/AMERICAN INDIAN/OTHER/UNK)  
**Relationship to Petitioner:** \_\_\_\_\_

**OTHER 2:** \_\_\_\_\_  
LAST NAME SECOND LAST NAME (If applicable) FIRST NAME MIDDLE NAME  
**D.O.B:** \_\_\_\_\_ **RACE:** \_\_\_\_\_ ☐ M ☐ F ☐ OTHER **HISPANIC:** ☐ YES ☐ NO  
(WHITE/BLACK/ASIAN/AMERICAN INDIAN/OTHER/UNK)  
**Relationship to Petitioner:** \_\_\_\_\_

**OTHER 3:** \_\_\_\_\_  
LAST NAME SECOND LAST NAME (If applicable) FIRST NAME MIDDLE NAME  
**D.O.B:** \_\_\_\_\_ **RACE:** \_\_\_\_\_ ☐ M ☐ F ☐ OTHER **HISPANIC:** ☐ YES ☐ NO  
(WHITE/BLACK/ASIAN/AMERICAN INDIAN/OTHER/UNK)  
**Relationship to Petitioner:** \_\_\_\_\_

## RESPONDENT INFORMATION

*(Please share as much information as you can access.)*

Other names or nicknames for Respondent:			
Alternate Phone Number(s):		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	
Vehicle Make:	Model:	Color:	License Plate:
Probable Location <i>(include any details that might help with service, including who else is staying there):</i>			
Distinguishing Features <i>(i.e. tattoos/scars/piercings, etc):</i>			
Gang Affiliation / Associates / Relatives:			
Current / Pending Charges:			
Known to possess firearms?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk*	History of assaultive behavior?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk*
Known to carry weapons?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk*	Known to abuse alcohol?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk*
Known to keep weapons in the home?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk*	Known to abuse drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk*
Known concealed weapons permit?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk*	Known mental health issues?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk*
IF YES, type of weapons: _____			*Unknown
Interpreter needed for Respondent?		<input type="checkbox"/> Yes <input type="checkbox"/> No      Language?	
If the Respondent is served, would you like to be notified? <input type="checkbox"/> Yes <input type="checkbox"/> No			
** <i>If the Respondent is a Juvenile</i> – Parent/Legal Guardian's name:			

## PETITIONER'S REQUESTS

<input type="checkbox"/> No further acts of abuse
<input type="checkbox"/> No contact with Petitioner / <input type="checkbox"/> Except the following:
<input type="checkbox"/> No contact with protected family/household members / <input type="checkbox"/> Except the following:
<input type="checkbox"/> Possession of a shared residence / Address: _____
<input type="checkbox"/> Respondent shall not terminate / <input type="checkbox"/> Respondent shall restore utilities to above address. Utility Service(s): <input type="checkbox"/> Electric / <input type="checkbox"/> Water / <input type="checkbox"/> Gas / <input type="checkbox"/> Cable/Internet / <input type="checkbox"/> Trash / <input type="checkbox"/> Other: _____
<input type="checkbox"/> Possession of vehicle / Make: _____ Model: _____ Year: _____ Color: _____ Vehicle is: <input type="checkbox"/> Owned by Petitioner alone <input type="checkbox"/> Jointly owned
<input type="checkbox"/> For the car above, Respondent shall <b>not terminate</b> : <input type="checkbox"/> insurance <input type="checkbox"/> registration <input type="checkbox"/> taxes on the car <input type="checkbox"/> For the car above, Respondent shall <b>keep paying</b> : <input type="checkbox"/> insurance <input type="checkbox"/> registration <input type="checkbox"/> taxes on the car
<input type="checkbox"/> Respondent to provide for suitable alternative housing for <input type="checkbox"/> Petitioner <input type="checkbox"/> Other family/household members <input type="checkbox"/> Require Respondent to pay deposit to connect/restore utilities at the alternative housing: Utility Service(s): <input type="checkbox"/> Electric / <input type="checkbox"/> Water / <input type="checkbox"/> Gas / <input type="checkbox"/> Cable/Internet / <input type="checkbox"/> Trash / <input type="checkbox"/> Other: _____
<input type="checkbox"/> Grant Petitioner temporary custody/visitation of minor child(ren) in common How long have the children lived at their current address? _____
<input type="checkbox"/> Provide temporary child support
<input type="checkbox"/> Grant possession of pet(s): Name: _____ / Type: _____ Name: _____ / Type: _____
<input type="checkbox"/> Petitioner / <input type="checkbox"/> Family/household member granted exclusive use & possession of cell number or electronic device: <input type="checkbox"/> Respondent shall not terminate cell phone number or electronic device before the contract expiration date. Carrier: _____ Phone number: _____
<input type="checkbox"/> Respondent shall not use a cellular or electronic device to locate Petitioner
<input type="checkbox"/> Respondent to participate in treatment, counseling, or other program
<input type="checkbox"/> Respondent shall stay at least _____ feet away from Petitioner at all times and locations (usually 500 ft.)
Additional Requests: