

STATE OF INDIANA) IN THE _____ COURT _____
) SS: (_____ DIVISION, ROOM _____)
 COUNTY OF _____)
 CASE NO. _____

_____,)
 Petitioner (Your Name))
 vs.)
 _____,)
 Respondent (Person to be Restrained))

PETITION FOR AN ORDER FOR PROTECTION AND REQUEST FOR A HEARING—Filed by Person Seeking Protection

IMPORTANT: This is a public document and a copy of it will be placed in the Court’s file. A copy may also be sent to the Respondent. (Check those which apply)

1. I am filing this Petition for myself:

- a. I am or have been a victim of domestic or family violence;
- b. I am or have been a victim of a sex offense;
- c. I am or have been a victim of stalking.

2. The Respondent’s relationship to me is:

- a. the Respondent is my family or household member (*check only the line which best applies*):
 - the Respondent is my spouse;
 - the Respondent used to be my spouse;
 - the Respondent and I resided together in an intimate relationship;
 - the Respondent and I have a child in common;
 - the Respondent and I are dating, or have dated, each other;
 - the Respondent and I are, or have been, engaged in a sexual relationship;
 - the Respondent and I are related by blood or adoption. The Respondent is my _____;
 - the Respondent and I are, or used to be, related by marriage. The Respondent is my _____;
 - the Respondent is, or used to be, my guardian;
 - the Respondent is, or used to be, my ward;
 - the Respondent is, or used to be, my custodian;
 - the Respondent is, or used to be, my foster parent; or,
 - I am a minor child of a person in one of the types of relationships described above.
 - I have adopted the child of the respondent.

- b. the Respondent has committed stalking against me.
- c. the Respondent has committed a sex offense against me.

3. **How old is the Respondent? _____ years old.**

4. **Please list all cases (divorce, protection orders, paternity, guardianship, criminal, juvenile, civil) involving the Respondent, yourself, or a child you have with the Respondent (*attach additional sheets of paper if necessary*):**

Case Name	Case Number	County & State

_____ **Continued on Attachment 4a.**

5. **This case is filed in this county because:**

- _____ a. the Respondent lives in this county.
- _____ b. the incident(s) of domestic or family violence, stalking, or the sex offense happened in this county.
- _____ c. I live in this county.

6. **If you are not represented by an attorney, fill in your public mailing address:**

This address will not be kept secret, so you should use a mailing address that you feel comfortable having public. The address you place on the Confidential Form, PO-0104 will be kept confidential. If the Court grants the order, you may be eligible to obtain a confidential address through the Attorney General’s Address Confidentiality Program (ACP). Email the ACP at: confidential@atg.state.in.us to get information on how to participate in that program.

7. **The Respondent has committed the following act(s) of domestic or family violence, stalking, or a sex offense (*check those which apply*):**

- _____ the Respondent attempted to cause physical harm to me;
- _____ the Respondent threatened to cause physical harm to me;
- _____ the Respondent did cause physical harm to me;
- _____ the Respondent placed me in fear of physical harm;
- _____ the Respondent caused me to involuntarily engage in sexual activity by force, threat of force, or duress;
- _____ the Respondent committed stalking against me;
- _____ the Respondent committed a sex offense against me;
- _____ the Respondent committed an act of animal cruelty by beating, torturing, mutilating, or killing a vertebrate animal without justification with an intent

to threaten, intimidate, coerce, harass or terrorize a family or household member.

8. Describe what happened in each of the above incidents including the date(s), place(s) and witnesses to each incident (attach additional sheets of paper if necessary):

Date of Incident #1: _____

Place of Incident: _____

Description of Incident:

List the names of all of the people who were present during the incident. You must include your own name if you were present:

Date of Incident #2: _____

Place of Incident: _____

Description of Incident:

List the names of all of the people who were present during the incident. You must include your own name if you were present:

Date of Incident #3: _____

Place of Incident: _____

Description of Incident:

List the names of all of the people who were present during the incident. You must include your own name if you were present:

_____ **Continued on Attachment 8a.**

9. I am asking the Court to order the following relief (check all which apply):

___ Prohibit the Respondent from committing, or threatening to commit, acts of domestic or family violence, stalking, or sex offenses against me;

___ Prohibit the Respondent from committing, or threatening to commit, acts of domestic or family violence, stalking, or sex offenses against my family or household members, whose names are:

_____;

___ Prohibit the Respondent from harassing, annoying, telephoning, contacting, or directly or indirectly communicating with me;

___ Order the Respondent to stay away from my residence, school, place of employment, or other place, which is the _____, located at:

_____;

___ Order the Respondent to stay away from the following location(s) frequented by my family or household member(s), which may include a residence, school, or place of employment: _____

_____.

Please complete:

Please list all owners or lease signers at my residence: _____

_____.

NOTE: The following requested relief may be granted immediately by the Judge, but the Court must hold a hearing within thirty (30) days:

___ Evict the Respondent from my residence, which is located at:

_____;

___ Order the Respondent to give me the possession and use of the following:

___ The residence located at: _____;

___ An automobile/other motor vehicle described as: _____;

___ Other necessary personal items, described as: _____

_____;

___ Prohibit Respondent from removing, transferring, injuring, concealing, harming, attacking, mistreating, threatening to harm, or otherwise disposing of the animal(s) listed below.

<i>Example</i>	<i>Name:</i>	<i>Max</i>
	<i>Age/Type:</i>	<i>9 year old dog</i>
	<i>Size /Breed:</i>	<i>Large 55 pound black lab</i>
	<i>Color/Description:</i>	<i>Black hair, pink collar</i>

Animal 1	Name:	_____
	Age/Type:	_____
	Size/Breed:	_____
	Color/Description:	_____

Animal 2 Name: _____
 Age/Type: _____
 Size/Breed: _____
 Color/Description: _____

Additional animals listed on Attachment 9(a).

___ Order that I will have the exclusive possession, care, custody, or control of an animal(s) owned, possessed, kept, or cared for by myself, the Respondent, a minor child of myself or the Respondent, or any other family or household member listed below.

Animal 1 Name: _____
 Age/Type: _____
 Size/Breed: _____
 Color/Description: _____

Animal 2 Name: _____
 Age/Type: _____
 Size/Breed: _____
 Color/Description: _____

Additional animals listed on Attachment 9(a).

___ Order the following additional relief necessary to provide for my safety and welfare and the safety and welfare of my family or household members:

NOTE: The following requested relief may be granted ONLY after notice to the Respondent and at a hearing to be held within thirty (30) days:

- ___ Specify the arrangements for parenting time with our minor child(ren);
- ___ Require that parenting time be supervised by a third party;
- ___ Deny the Respondent parenting time;
- ___ Order the Respondent to pay my attorney fees;
- ___ Order the Respondent to pay rent for my residence;
- ___ Order the Respondent to make payment on a mortgage for my residence;
- ___ Order the Respondent to pay child support for our minor child(ren);
- ___ Order the Respondent to pay support/maintenance for me;
- ___ Order the Respondent to reimburse me for expenses related to the domestic or family violence, stalking, or sex offense as follows

(specify the amount for each expense and bring documentation of the expense with you to Court for the Hearing):

___ Medical expenses: \$ _____
 ___ Counseling: \$ _____
 ___ Shelter: \$ _____
 ___ Repair or replacement of
 damaged property: \$ _____
 ___ Other costs or fees I have
 as a result of bringing this case: \$ _____

- ___ Prohibit the Respondent from using or possessing a firearm, ammunition, or
 deadly weapon;
 ___ Order the Respondent to surrender the following firearm(s), ammunition, or
 deadly weapon(s) to a specified law enforcement agency (*list each item
 below and attach an additional sheet of paper if necessary*):

 _____;

___ **Continued on Attachment 9(b).**

- ___ Order a wireless service provider to transfer to me the right to continued use
 of, and financial responsibility for, the following telephone number(s) used
 by me or by a minor child in my custody:

Telephone Number and User: _____
 Wireless Service Provider: _____
 Current Account Holder: _____

Telephone Number and User: _____
 Wireless Service Provider: _____
 Current Account Holder: _____

Additional telephone numbers listed on Attachment 9(c)

***NOTE: A wireless service provider's normal requirements for setting up a
 new cellular telephone account still apply. You should consider whether
 you will be able to set up an account in your own name and whether you
 will be able to pay for the account.***

10. Number of pages attached: _____

**By filing this Petition, I am respectfully requesting that the Court immediately issue
 an Ex Parte Order for Protection. I understand that, if I have asked the Court for any of
 the following:**

- **evicting the Respondent from my/our home;**

- giving me the possession of personal property;
- giving me possession of an animal;
- prohibiting Respondent from taking action against an animal;
- establishing rules for child parenting time;
- requiring the Respondent to pay fees, expenses, or child support;
- forbidding the Respondent from possessing a firearm, ammunition, or a deadly weapon;
- ordering the Respondent to surrender firearm(s), ammunition, or deadly weapons, or,
- allowing me or a child to continue to use a telephone number for which I will be financially responsible;

I must also ask the Court to set a date for a Hearing within thirty (30) days of today's date.

I understand that if a Hearing is set, and if I fail to appear for the Hearing, the Court may terminate the Ex Parte Order and dismiss the case.

I affirm, under the penalties for perjury, that the foregoing representations are true:

- a. on the basis of my own personal knowledge.
- b. on the basis that I have been informed and believe that the facts stated are true. *(NOTE: If this Petition is made solely on the basis of Petitioner's information and belief, Petitioner must attach affidavits by one or more persons who have personal knowledge of the facts stated.)*

DATE: _____

PETITIONER (Signature)

PETITIONER (Type or print name)