

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;
- d. I am or have been a victim of repeated acts of harassment.

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.

If Respondent is not a family or household member as indicated above, but Respondent has committed stalking, a sex offense, or repeated acts of harassment (check only the line below which best applies):

- b. ___ the Respondent has committed stalking against me.
- c. ___ the Respondent has committed a sex offense against me.
- d. ___ the Respondent has committed repeated acts of harassment 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, sex offense, or harassment 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, sex offense, or harassment (*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;
- ___ the Respondent committed repeated acts of harassment against me.

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*):

NOTE: The following requested relief may be granted immediately by the Judge without a hearing. However, if the petition is based on harassment alone, the relief may be granted ONLY after notice to the Respondent and after a hearing to be held within thirty (30) days.

___ 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. If the petition is based on harassment alone, the relief may be granted ONLY after notice to the Respondent and after a hearing to be held 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.

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

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 after 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, sex offense, or harassment 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 my petition is based on harassment alone, the Court may grant relief ONLY after notice to the Respondent and after a hearing to be held within thirty (30) days.

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/or 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)

Form Administrative Rule 9-G1

STATE OF INDIANA
IN THE _____ COURT, COUNTY OF _____

_____,)
Plaintiff(s),)
) Case No: _____
vs.)
)
_____,)
Defendant(s))

**Administrative Rule 9(G)(5) Notice of Exclusion
of Confidential Information from Public Access
(FILED WITH TRIAL COURT CLERK)**

Contemporaneous with the filing of this notice, [party name] has filed confidential information on green paper in accordance with Administrative Rule 9(G)(6). Pursuant to Administrative Rule 9(G)(5), [party name], provides this notice that the confidential information contained on that green paper is to remain excluded from public access in accordance with the authority listed below:

Name or description of document
filed on green paper.

Administrative Rule 9(G) grounds upon which
exclusion is authorized.

PO-0104, Confidential Form

1. Admin. R. 9 (G) (2) (g) (i)
2. Admin. R. 9 (G) (3) (b)
3. Ind. Code 5-2-9-5.5 (c)
4. Ind. Code 5-2-9-6
5. Ind. Code 5-2-9-7
6. Ind. Code 31-37-19-2 (2)
7. Ind. Code 33-39-1-8 (i) (2)
8. Ind. Code 34-26-5-3 (a) (C)
9. Ind. Code 34-26-6-13
10. Ind. Code 35-33-8-3.2 (f) (2)
11. Ind. Code 35-38-2-2.3 (f) (2)

Respectfully submitted,

[Insert Name]

CERTIFICATE OF SERVICE

I certify that on this _____ day of _____, 20_____, the foregoing was served upon the following by [state method of service]:

[list names and addresses of counsel of record]

[Signature]

CASE IDENTIFICATION INFORMATION FOR CONFIDENTIAL FORM

For use by Court, Clerk, Prosecuting Attorney, and Law Enforcement Personnel ONLY

OFFICE OF JUDICIAL ADMINISTRATION

STATE OF INDIANA)
 COUNTY OF _____)

COURT: Superior, Room #: _____
 (check one) Circuit

CASE #: _____ - _____ - _____ - _____

 PETITIONER/PLAINTIFF/NEXTFRIEND/STATE OF INDIANA
 v.

DATE: _____
 mm/dd/yyyy

 RESPONDENT/DEFENDANT

 EMPLOYEE (IF WVRO)

PERSON RESTRAINED

Name:	Home: (____) _____
Home address:	Work: (____) _____
Postal address (if different from home address):	Cell: (____) _____
Sex: <input type="checkbox"/> male <input type="checkbox"/> female	Email: _____
DOB:	Location of place of business or where person is usually or often found:
Any scars or tattoos? <input type="checkbox"/> Yes <input type="checkbox"/> No	Describe nature and location of any scars or tattoos:
Race:	Eye Color:
Hair color:	Height:
	Weight:

List the name(s), age, race, and sex of any person(s) residing at the household of the protected person who are NOT PROTECTED parties. Protected parties are listed on the Confidential Form which follows. Attach an additional sheet of paper if necessary.

Name:	Age: Race:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Name:	Age: Race:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Name:	Age: Race:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Name:	Age: Race:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Name:	Age: Race:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Name:	Age: Race:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female

CONFIDENTIAL FORM

Note: The following information is confidential under Indiana law pursuant to Indiana Code § 5-2-9-7, and it may not be released.

PETITIONER

Home address: _____

DOB: _____

Race: _____

Sex: male female

SSN: (optional) _____

Home: (____) _____

Work: (____) _____

Fax: (____) _____

Cell: (____) _____

Email: _____

PROTECTION ORDERS ONLY:

Do you wish to receive notifications when the order is issued, served, and about to expire? Yes No

Method: Email Text

You must provide data in the proper fields above to match the Method of notification chosen. See Notification Information at the bottom of this form.

Postal address (if different from home address): _____

When can protected person be reached at the above numbers or any alternative numbers?

Other protected address: _____

List the cities/counties where the protected person would like a copy of the order sent:

Address from confidentiality program of Attorney General: _____

OTHER PROTECTED PARTIES

Name: _____

Age: _____

Sex: Male Female

Date of Birth: _____

Race: _____

Name: _____

Age: _____

Sex: Male Female

Date of Birth: _____

Race: _____

Name: _____

Age: _____

Sex: Male Female

Date of Birth: _____

Race: _____

Attach an additional sheet of paper if necessary to list additional protected parties.

PERSON RESTRAINED

SSN: _____

The "Confidential Form" portion of this form must be on green paper according to Admin. Rule 9

Notification Information

- The user will incur standard text-messaging fees for any messages received.
- The user is responsible to notify the Clerk's office of any changes to their contact information which may include their cell phone number and email address.
- The Indiana Supreme Court's Office of Judicial Administration may not be held liable for the failure of the receipt of a notification.
- The notifications sent to users are a service being provided by the Indiana Supreme Court's Office of Judicial Administration.