

IN THE CIRCUIT COURT OF PULASKI COUNTY, ARKANSAS
_____ DIVISION

PETITIONER'S NAME

PETITIONER'S HOME ADDRESS (STREET)

AGE DATE OF BIRTH

CITY STATE ZIP CODE

SOCIAL SECURITY NUMBER

PETITIONER'S PLACE OF WORK (NAME)

TELEPHONE NO. _____

STREET ADDRESS OF PLACE OF WORK

CITY STATE ZIP CODE

VS. NO. DR _____

RESPONDENT'S NAME

RESPONDENT'S HOME ADDRESS (STREET)

AGE DATE OF BIRTH

CITY STATE ZIP CODE

SOCIAL SECURITY NUMBER

RESPONDENT'S PLACE OF WORK (STREET)

DRIVER LICENSE NUMBER

STREET ADDRESS OF PLACE OF WORK

TELEPHONE NO. _____

CITY STATE ZIP CODE

PETITION FOR AN ORDER OF PROTECTION

I, the petitioner, am asking the Court to issue an Order of Protection. A hearing will be set within 10 to 30 days. At the hearing, I will present evidence for an Order of Protection, and the respondent will have an opportunity to appear and contest the Order of Protection. I state, under oath and subject to the penalty of PERJURY, that the following facts are true and correct to the best of my knowledge and belief:

1. I am at least 18 years of age, or I am under 18 years of age, but emancipated. Respondent is _____ at least 18 years of age or _____ under 18 but emancipated.

_____ I am an adult employee or volunteer of a domestic-violence shelter or program on behalf of a minor, including a married minor.

I am filing this petition:

(a) _____ on behalf of myself AND/OR

(b) _____ on behalf of a family or household member who is

_____ A minor(s), Name(s): _____

_____ An adjudicated incompetent person, Name: _____

2. The relationship between Respondent and me (or the person(s) on whose behalf I am filing this petition is/are: **(CHECK ALL THAT APPLY.)**

(A.) _____ We are spouses or _____ former spouses (Divorce date: _____)

(B.) _____ We are related by blood:

_____ Respondent is the parent

_____ Respondent is my child

_____ Other relationship: Respondent is my _____.

(C.) _____ We currently reside together or cohabit.

Date we started living together: _____/_____/_____.
Month Year

(D.) _____ We formerly resided together or cohabited.

Dates we lived together: _____/_____/_____ until _____/_____/_____.
Month Year Month Year

(E.) _____ We have or have had a child in common.

3. I believe I am entitled to an Ex-Parte Temporary Order of Protection because I (or the person(s) on whose behalf I am filing this petition) am (is/are) afraid of the respondent and there is an immediate and present danger of domestic abuse.

(In the following section, describe the details of the MOST RECENT ACT to you or members of your household that caused you to seek the Court's assistance. **DO NOT LIST PREVIOUS THREATS OR ACTS OF ABUSE IN THIS SECTION.**)

DATE OF MOST RECENT ACT: _____
(Include the day of the week)

LOCATION OF MOST RECENT ACT: _____
(Address)

THREATS OF PHYSICAL HARM: (STATE THE SPECIFIC THREATS)

ACTUAL PHYSICAL ABUSE OR HARM: (DESCRIBE THE PHYSICAL ACTS)

OR The respondent is scheduled to be released from incarceration within thirty (30) days and upon the respondent's release there will be an immediate and present danger of domestic abuse to me.

Place of incarceration: _____

Date of release: _____

The reasons I believe I will be in danger when respondent is released are:

4. The above **MOST RECENT ACT** was reported to a law enforcement agency.
_____ No. _____ Yes, it was reported to:

Agency _____ Date _____

Action taken by the law enforcement agency.

5. **PREVIOUS** acts of domestic violence by Respondent against me (or the person[s] on whose behalf I am filing this petition), including verbal threats, harassment and physical abuse, are: **(DO NOT INCLUDE THE ACTS LISTED IN SECTION 3.)**

6. The Respondent has previously been arrested for or convicted of acts of violence. _____ No. _____ Yes. If yes, give the following details:

WHEN: _____ WHERE: _____

WHAT RESPONDENT DID: _____

7. THE RESPONDENT AND I have the following minor children: (State their names, ages, and addresses, if different from yours. **DO NOT LIST YOUR CHILDREN UNLESS THEY ARE ALSO RESPONDENT'S CHILDREN.**)

NAME	AGE	ADDRESS

NAME	AGE	ADDRESS

NAME	AGE	ADDRESS

(If there are MINOR children living IN THE RESIDENCE YOU REQUEST THAT RESPONDENT BE EXCLUDED who are either yours OR respondent's, but not belonging to both of you, please list them)

Petitioner's children only: _____

Respondent's children only: _____

8. I, the Petitioner, ask the Court to issue an Ex-Parte Temporary Order of Protection with the following provisions: (CHECK ALL THAT ARE APPLICABLE)

____ Excluding the Respondent from the shared residence of the parties or the residence of the Petitioner or Victim. Address of residence:

Street Address	City

Owner/Renter of residence: (CIRCLE ONE)
 Petitioner Respondent Both Neither

____ Excluding the respondent from the place of business, employment, school or other location of the Petitioner or Victim, which is (are):

 Name of Business or employment

Address of Business or employment	City

 School

Address of School	City

Other: Identify: _____

Address	City

_____ Prohibiting the respondent, directly or through an agent, from contacting the petitioner or victim, except under the following conditions:

_____ Awarding petitioner temporary custody of the minor children listed in Paragraph 7.

_____ Requiring Respondent to pay child support.
State the weekly take-home pay of Respondent: _____

_____ Requiring Respondent to pay spousal support.
State the weekly take-home pay of Respondent: _____

_____ Excluding Petitioner's address from the notice to the respondent.

_____ Requiring Respondent to pay filing fees, service fees, court costs, and petitioner's attorney's fees (if applicable).

9. I, the Petitioner, understand that if the Court determines that I am not entitled to an Ex-Parte Temporary Order of Protection, a hearing may still be scheduled for an Order of Protection. I, the Petitioner, request that after the hearing the Court issue an order of Protection based upon the same provisions I have requested in Paragraph 8.

10. A Court Order **ALREADY EXISTS** concerning the custody of Respondent's and my child(ren) listed in Paragraph 7:

_____ No _____ Yes

IF YES, state the contents of the order, as follows:

COUNTY AND STATE WHERE ORDER WAS ISSUED

WHO WAS AWARDED CUSTODY AMOUNT OF CHILD SUPPORT

11. The respondent and I have been involved in the following cases in the Pulaski County Chancery Court/Circuit Court:

Type of case:

- _____ Domestic Abuse
- _____ Divorce
- _____ Paternity
- _____ Child Support
- _____ Other

- Date(s): _____
- Date(s): _____
- Date(s): _____
- Date(s): _____
- Date(s): _____

12. I, the Petitioner, state under oath and subject to the penalty of PERJURY that the above Petition contains facts which are true and correct to the best of my knowledge and belief. **I UNDERSTAND THAT IF I DO NOT RETURN TO THE SCHEDULED HEARING, THE PETITION PROBABLY WILL BE DISMISSED.** I understand that if any of the above statements are later determined by the court to be false, I may be assessed the costs of this action, including filing fees, Sheriff's service fees, and the Respondent's attorney's fees, if any.

DATE

PETITIONER'S SIGNATURE

STATE OF ARKANSAS)
COUNTY OF PULASKI)

Subscribed and sworn to me this _____ day of _____, 2006.

NOTARY PUBLIC

My Commission Expires:
