

PLEASE COMPLETE THIS FORM.

Protective Orders are a legal court cases and should always be considered serious. Protective Orders may be issued for a maximum of TWO (2) YEARS.

YOU as the Petitioner will be attesting that the information you are providing to the court is correct and true. You WILL need a correct address and a date of birth of the Respondent. Obtaining this information is solely YOUR responsibility.

The Clerks Office’s role is to file your Protective Order Petition and help answer non-legal questions. We are NOT attorneys and will NOT provide any legal advice. We can provide to you the phone number of legal aid if you unable to afford legal counsel.

Only the Decatur County Superior/Circuit Court Judge has the authority to determine if your situation qualifies for and issuance of a Protective Order. THE JUDGE WILL BASE HIS DECISION BASED ON WHAT INFORMATION YOU PROVIDE. You are welcome to attach additional documents if needed.

Please READ ALL questions completely. Answer those that describe your situation.

- 1. I feel I am a victim of Domestic Violence Stalking Sexual Offense
 Workplace Violence
- 2. Are the petitioner and respondent living together? Yes No
- 3. Are there children involved with the petitioner and the respondent? Yes No
- 4. Is there now, or has there ever been a **divorce, paternity, custody or support case** between the petitioner (you) and respondent (person you are filing against)? Yes No

If YES, where was your case filed? _____ (County), _____(State)

- 5. Is there now, or has there ever been a **protective order case** between the petitioner (you) and respondent (person you are filing against)? Yes No

If YES, where was your protective order filed? _____ (County), _____(State)

- 6. Are there any other criminal or civil cases involving either the petitioner or respondent?
 Yes No

If YES, where did these criminal/civil cases occur? _____ (County), _____(State)

Signature: _____

Date: _____

REFERENCE

The four (4) most common rulings:

1. **Grant a Protective Order** based on what is provided in this petition.
2. **Grant a temporary Protective Order** and request a hearing, **which YOU MUST attend**. The Judge will decide if you will keep the Protective Order previously issued.
3. **Request a hearing only**. The Respondent and you would both be **REQUIRED** to attend. The Judge will make the final decision if you may have your Protective Order.
4. **Deny** your Petition for protection. This decision is made by the Judge.

Please bring your completed forms prior to 3:00 p.m. After this time any given day, there is a strong possibility that the Judge will not see your paperwork until the next business day.

<p align="center">COVER SHEET (Check Only One)</p> <p>Protection Order <input checked="" type="checkbox"/> IC 34-26-5</p> <p>Child Protective Order <input type="checkbox"/> IC 31-34-2.3</p> <p>No Contact Order <input type="checkbox"/> IC 31-32-13 <input type="checkbox"/> IC 33-39-1-8 <input type="checkbox"/> IC 35-33-8-3.6 <input type="checkbox"/> IC 31-34 <input type="checkbox"/> IC 35-33-8-3.2 <input type="checkbox"/> IC 35-38-1-30 <input type="checkbox"/> IC 31-37 and/or 35-38-2-2.3</p> <p>Workplace Violence Restraining Order <input type="checkbox"/> IC 34-26-6</p>	<p>Case No. 16 01- -PO-</p> <p>Court _____</p> <p>Decatur _____ INDIANA County</p>
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<p align="center">PETITIONER/PROTECTED PERSON/CHILD'S NAME IF CHILD IS PROTECTED PERSON</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; height: 20px;"> </td> <td style="width:33%; height: 20px;"> </td> <td style="width:33%; height: 20px;"> </td> </tr> <tr> <td align="center">First</td> <td align="center">Middle</td> <td align="center">Last</td> </tr> </table> <p>And/or on behalf of minor family member(s):[List name, Sex, Race & Birth Year] _____ _____ _____</p>				First	Middle	Last	<p align="center">PETITIONER/PROTECTED PERSON IDENTIFIERS</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:33%;">BIRTH YEAR</th> <th style="width:33%;">SEX</th> <th style="width:33%;">RACE</th> </tr> <tr> <td style="height: 20px;"> </td> <td> </td> <td> </td> </tr> </table> <p>Other Protected Persons/Birth Year/Sex/Race: _____ _____ _____</p>	BIRTH YEAR	SEX	RACE			
First	Middle	Last											
BIRTH YEAR	SEX	RACE											

V.

<p align="center">RESPONDENT/DEFENDANT</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; height: 20px;"> </td> <td style="width:33%; height: 20px;"> </td> <td style="width:33%; height: 20px;"> </td> </tr> <tr> <td align="center">First</td> <td align="center">Middle</td> <td align="center">Last</td> </tr> </table> <p>Relationship between Petitioner/Protected Person: _____ _____</p> <p>Respondent's/Defendant's Address: _____ _____</p>				First	Middle	Last	<p align="center">RESPONDENT/DEFENDANT IDENTIFIERS</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:16.6%;">SEX</th> <th style="width:16.6%;">RACE</th> <th style="width:16.6%;">DOB</th> <th style="width:16.6%;">HT</th> <th style="width:16.6%;">WT</th> </tr> <tr> <td style="height: 20px;"> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <th style="width:16.6%;">EYES</th> <th style="width:16.6%;">HAIR</th> <th colspan="3" style="width:66.6%;">DISTINGUISHING FEATURES</th> </tr> <tr> <td style="height: 20px;"> </td> <td> </td> <td colspan="3"> </td> </tr> <tr> <th colspan="2" style="width:33.2%;">DRIVERS LICENSE #</th> <th style="width:16.6%;">STATE</th> <th colspan="2" style="width:33.2%;">EXP DATE</th> </tr> <tr> <td colspan="2" style="height: 20px;"> </td> <td> </td> <td colspan="2"> </td> </tr> </table>	SEX	RACE	DOB	HT	WT						EYES	HAIR	DISTINGUISHING FEATURES								DRIVERS LICENSE #		STATE	EXP DATE						
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CAUTION: Weapon Involved Weapon Present on the property

THE COURT FINDS:

That it has jurisdiction over the parties and subject matter, and the Respondent/Defendant has been or will be provided with reasonable notice and opportunity to be heard.

Additional findings of this order follow on succeeding pages.

THE COURT ORDERS:

The Respondent/Defendant is restrained from committing further acts of abuse or threats of abuse to the Petitioner/Protected Person.

___ Yes ___ No The Respondent/Defendant is Brady disqualified.

___ The Respondent/Defendant is restrained from any contact with the Petitioner. OR ___ The Respondent may only contact the Petitioner in the conditions in paragraph (s) ___ of the order.

Additional terms of this order follow on succeeding pages.

The terms of this order shall be effective until: (Check Only One)

_____ [date]

further order of the court.

WARNINGS TO RESPONDENT/DEFENDANT:

This order shall be enforced, even without registration, by the courts and law enforcement personnel of any state, the District of Columbia, any U.S. Territory, and may be enforced by Indian Tribal Government (18 U.S.C. Section 2265). Crossing state, territorial, or tribal boundaries to violate this order may result in Federal imprisonment (18 U.S.C. Section 2262).

Federal law provides penalties for possessing, transporting, shipping, or receiving any firearm or ammunition (18 U.S.C. Section 922(g)(8)).

Only the Court can change this order. [The following court information is required by statute.]

Court Phone (812) 663-8523

Court Hours: 8:00 AM to 4:00 PM

To verify status, call: Clerk (812) 663-8223

Sheriff (812) 663-8125

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:**

MUST HAVE ==>

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 order has been granted by the court, you may be eligible to obtain a confidential address through the Attorney General’s Address Confidentiality Program (ACP). Call the ACP at: 1-800-321-1907 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: _____

_____;

_____;

___ 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 9a.

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;
- 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; or,
- ordering the Respondent to surrender firearm(s), ammunition, or deadly weapons,

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)

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:

<u>Name or description of document filed on green paper.</u>	<u>Administrative Rule 9(G) grounds upon which exclusion is authorized.</u>
PO-0104, Confidential Form	<ol style="list-style-type: none"> 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

DIVISION OF STATE COURT ADMINISTRATION

STATE OF INDIANA)
 COUNTY OF _____)

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

CASE #: _____ - _____ - _____ - _____

 PETITIONER/PLAINTIFF/NEXTFRIEND/STATE OF INDIANA
 v.

DATE: _____

 RESPONDENT/DEFENDANT

mm/dd/yyyy

 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 Fax

Cell Phone Service Provider (if you selected Text as the notification method): _____

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 Division of State Court 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 Division of State Court Administration.
- Cell Phone Service Providers Supported: Alltel, AT&T, Boost, Cellular South, Centennial Wireless, Cincinnati Bell, Cricket Wireless, Metro PCS, Powertel, Qwest, Rogers, Sprint, Suncom, Telus, T-Mobile, US Cellular, Verizon Wireless, Virgin Mobile