

IN THE CIRCUIT COURT OF PULASKI COUNTY, ARKANSAS
_____ DIVISION

PETITIONER'S/AFFIANT'S FIRST NAME; LAST NAME

PETITIONER'S/AFFIANT'S HOME ADDRESS (STREET)

AGE DATE OF BIRTH

CITY STATE ZIP CODE

DRIVER'S LICENSE NUMBER

PETITIONER'S/AFFIANT'S PLACE OF WORK (NAME)

TELEPHONE NUMBER

STREET ADDRESS OF PLACE OF WORK

CITY STATE ZIP CODE

VS. **NO. DR** _____

RESPONDENT'S FIRST NAME; LAST NAME

RESPONDENT'S HOME ADDRESS (STREET)

AGE DATE OF BIRTH

CITY STATE ZIP CODE

DRIVER'S LICENSE NUMBER

RESPONDENT'S PLACE OF WORK (NAME)

TELEPHONE NUMBER

STREET ADDRESS OF PLACE OF WORK

CITY STATE ZIP CODE

PETITION AND AFFIDAVIT FOR AN ORDER OF PROTECTION

I, the petitioner/affiant, 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 and affidavit 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 **BLOOD** 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: Month _____/Year _____ until Month _____/Year _____.

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

(F.) _____ We are presently or in the past have been in a dating relationship.
 Length of Relationship: Month _____/Year _____ until Month _____/Year _____.

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 and affidavit 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)

*****DO NOT WRITE BELOW THIS LINE OR ON BACK OF PAGES*****

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

(If more space is needed, you may attach additional page(s), as page 4A, 4B, etc)

*******DO NOT WRITE BELOW THIS LINE OR ON BACK OF PAGES*******

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 and affidavit, 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: _____

*******DO NOT WRITE BELOW THIS LINE OR ON BACK OF PAGES*******

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
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NAME	AGE	ADDRESS
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NAME	AGE	ADDRESS
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If there are minor children living IN THE RESIDENCE YOU REQUEST THAT RESPONDENT BE EXCLUDED who are yours OR Respondent's, but not belonging to both of you, please list them below:

Petitioner's/Affiant's children only: _____

Respondent's children only: _____

8. I, the Petitioner/Affiant's 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/Affiant or Victim. Address of residence:

Street Address	City
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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/Affiant or Victim, which is (are):

Name of Business or employment

Address of Business or employment	City
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School

Address of School	City
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*******DO NOT WRITE BELOW THIS LINE OR ON BACK OF PAGES*******

Other: Identify: _____

Address

City

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

____ Awarding Petitioner/Affiant 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/Affiant's address from the notice to the respondent.

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

9. I, the Petitioner/Affiant, 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 Circuit Court:

Type of case:

____ Domestic Abuse

Date(s): _____

____ Divorce

Date(s): _____

____ Paternity

Date(s): _____

____ Child Support

Date(s): _____

____ Other

Date(s): _____

12. I, the Petitioner/Affiant, state under oath and subject to the penalty of PERJURY that the above **Petition and Affidavit for an Order of Protection** and following **Notice** contain 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 AND AFFIDAVIT FOR AN ORDER OF PROTECTION 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/AFFIANT'S SIGNATURE: _____

VERIFICATION

STATE OF ARKANSAS
COUNTY OF PULASKI

Subscribed and sworn to before me this ____ day of _____, 20_____.

NOTARY PUBLIC

My Commission expires:

NOTICE

All persons filing a Petition for Order of Protection must provide as much of the following information as possible:

Respondent/Defendant

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First Middle Last

Address:

Employer:

CAUTION: Respondent possesses a firearm
 Respondent has history of extreme violence

Respondent Identifiers

Sex	Race	DOB mm/dd/yyyy	Ht.	Wt.

Eyes	Hair	SS#
Phone #		DL # or other ID #

Distinguishing Characteristics: _____

Relationship Identifiers: Current or former spouses Parents of child(ren) in common
 Live together Current or past dating relationship Other Relative (Explain) _____

Signature of Person providing information