

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 employee or volunteer of a domestic violence shelter or program, and I am filing on behalf of a 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(s), Name(s): _____

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:
 i. _____ Respondent is the parent
 ii. _____ Respondent is my child
 iii. _____ Other BLOOD relationship; Respondent is my _____.
 (C) _____ We currently reside together or cohabited.
 Date we started living together: Month ____/Year ____.
 (D) _____ We formerly resided together or cohabited.
 Date 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 ____.
 (G) _____ We are in-laws related by marriage within the second degree of consanguinity.

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 *****

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
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_____ 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 *******

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/Affiant temporary custody of the minor children listed in Paragraph 7:

____ Requiring the respondent to pay child support.

State the weekly take-home pay of Respondent: _____

____ Requiring the respondent to pay spousal support.

State the weekly take-home pay of Respondent: _____

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

____ Requiring Respondent to pay filing fee, 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 County Circuit Court:

Type of Case:

____ Domestic Abuse

Date(s): _____

____ Divorce

Date(s): _____

____ Paternity

Date(s): _____

____ Child Support

Date(s): _____

____ Other

Date(s): _____

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

First	Middle	Last

Address:

Employer:

Caution:

- Respondent possesses a firearm
- Respondent has a history of extreme violence

Distinguishing Characteristics:

Relationship Identifiers: Current or former spouse Parents of child(ren) in common

Live together Current or past dating relationship

Other Relative (Explain) _____

Respondent Identifiers

Sex	Race	DOB MM/DD/YYYY	Height	Weight

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