



11. I want \_\_\_\_\_ (name of Respondent) to be restrained from having contact with me in person, by phone, by mail, or through third parties.

12. I want the respondent to be excluded from:

a. Petitioner's residence (optional) \_\_\_\_\_

b. Petitioner's Work (optional) \_\_\_\_\_

c. Petitioner's daycare (optional) \_\_\_\_\_

d. Other (optional) \_\_\_\_\_

13. I want the respondent to be excluded from any place that I might be staying, from this date forward \_\_\_\_\_.

14. I do want (do not want) custody of my child(ren) at this time.

15. I am (am not) willing to grant respondent visiting rights with regard to the child(ren). Please state reasons for not wanting visitation rights as well. Note: Petitioner may request supervised visits or have conditional visits.

Visitation Proposed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

16. I also ask that the respondent surrender the following property:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_.

17. I will (will not) need further financial assistance from the respondent at this time.

18. I request further relief as follows: \_\_\_\_\_.

19. There is (is not) an outstanding court Order that addresses visitation, custody, or contact between the respondent and me.

20. I believe there exists an immediate and present danger that the domestic violence described below will continue against me, if the respondent has contact with me \_\_\_\_\_ Yes \_\_\_\_\_ No.

21. Recently the following incidents have taken place involving the respondent and me: (Describe briefly what took place, including dates, places, times, how long the incidents lasted, any witnesses, what the results of the incidents were. Start with the most recent

Incidents. \_\_\_\_\_  
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Date: \_\_\_\_\_  
\_\_\_\_\_ Petitioner's Signature

I have read and understand the above statement to the best of my knowledge I believe that the facts stated above are true. I make this statement voluntarily.

Dated this day \_\_\_\_\_ of \_\_\_\_\_, 20\_\_\_\_. \_\_\_\_\_  
Petitioner's Signature

SUBSCRIBED AND SWORN BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_.

(NOTARY SEAL) \_\_\_\_\_  
Notary Public/Clerk of Court