

**PETITIONER STATEMENT FOR PERSONAL PROTECTION ORDER**

\_\_\_\_\_  
Petitioner vs. Respondent

Case No. \_\_\_\_\_

1) **What is your relationship with the respondent?** \_\_\_\_\_

2) **Children**  I do not have any children with the respondent  I do not have children  
 I do have children (list their information below)

a) List the names and ages of the children between you and the respondent

Child	Birthdate	Child	Birthdate
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

b) Is there a visitation/parenting time order in effect?  Yes  No

If Yes, Please list the case number and county: \_\_\_\_\_

c) List the names and ages of children you have that are not the respondent's

Child	Birthdate	Child	Birthdate
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

d)  My child(ren) were provided with obscene material by the respondent.

Child(ren)'s name \_\_\_\_\_

**3) Other Legal Actions**

a) Are you, or have you been, a party in any other PPO actions?  No  Yes

Party Names	County of Court	Case Number	Judge
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

b) Are you going to court over anything else related to the respondent?  No  Yes

If yes, please provide details about what the case is for, whether any orders have been issued, and the location of the court: \_\_\_\_\_

\_\_\_\_\_

**4) Do you work at the same place as the respondent?**

No, we do not work at the same place

Yes Employer \_\_\_\_\_ Address \_\_\_\_\_

**5) Do you go to school at the same place as the respondent?**

No, we do not go to school at the same place

Yes School \_\_\_\_\_

**6) Has this person ever threatened you with a weapon?  No  Yes**

a) Date \_\_\_\_\_ Weapon Type \_\_\_\_\_

Where is the weapon kept? \_\_\_\_\_

How were you threatened? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

b) Has this happened more than once?  No  Yes

Approximately how many times and what approximate dates?

\_\_\_\_\_  
\_\_\_\_\_

**7) Overall, what has this person done to make you feel threatened, assaulted, stalked, or harassed? Please be specific.**

1. Date: \_\_\_\_\_ Location: \_\_\_\_\_

a. Witnesses Name and Dates of Birth: \_\_\_\_\_

\_\_\_\_\_

b. What happened? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

c. Were the police called?  No  Yes

d. If yes, was an arrest made?  No  Yes

Is a report attached?  No  Yes Pending Report # \_\_\_\_\_

e. Were you injured?  No  Yes If yes, please explain \_\_\_\_\_

\_\_\_\_\_

2. Date: \_\_\_\_\_ Location: \_\_\_\_\_

a. Witnesses Name and Dates of Birth: \_\_\_\_\_

b. What happened? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

c. Were the police called?  No  Yes

d. If yes, was an arrest made?  No  Yes

Is a report attached?  No  Yes Pending Report # \_\_\_\_\_

e. Were you injured?  No  Yes If yes, please explain \_\_\_\_\_

\_\_\_\_\_

3. Date: \_\_\_\_\_ Location: \_\_\_\_\_

a. Witnesses Name and Dates of Birth: \_\_\_\_\_

b. What happened? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

c. Were the police called?  No  Yes

d. If yes, was an arrest made?  No  Yes

Is a report attached?  No  Yes Pending Report # \_\_\_\_\_

e. Were you injured?  No  Yes If yes, please explain \_\_\_\_\_

\_\_\_\_\_

4. Date: \_\_\_\_\_ Location: \_\_\_\_\_

a. Witnesses Name and Dates of Birth: \_\_\_\_\_

\_\_\_\_\_

b. What happened? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

c. Were the police called?  No  Yes

d. If yes, was an arrest made?  No  Yes

Is a report attached?  No  Yes Pending Report # \_\_\_\_\_

e. Were you injured?  No  Yes If yes, please explain \_\_\_\_\_

\_\_\_\_\_

8) Overall, how have these incidences made you feel? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9) Is there an additional address you are asking to be included?  No  Yes

Address: \_\_\_\_\_

Why do you want this address included? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10) Are you attaching any additional information for consideration?  No  Yes

Photo(s)  Non-Police Agency Report  Information on relevant criminal case

Additional written statement by petitioner  Additional incident form

Other additional Information \_\_\_\_\_ Number of additional pages

Date: \_\_\_\_\_

Signature: \_\_\_\_\_