

State Of Minnesota

County

District Court

Judicial District: _____
Court File Number: _____
Case Type: Harassment

Petitioner's Affidavit and Petition for Harassment Restraining Order (Minn. Stat. §609.748)

Petitioner

Name: _____
Address: _____
Date of Birth: _____
On behalf of: (names of minor children who are victims of harassment and their dates of birth) vs.
Name: _____ DOB: _____
Name: _____ DOB: _____
Name: _____ DOB: _____

Respondent

(Person harassing you or your minor child) :
Name: _____
Address: _____
Date of Birth: _____
(if known, or approximate age)

STATE OF MINNESOTA)
COUNTY OF _____) ss
(COUNTY WHERE AFFIDAVIT IS SIGNED)

I understand that I am under oath/affirmation and I must tell the truth. I state that:

1. I am the Petitioner in this case. The victim of the harassment is me a minor child for whom I am the parent, legal guardian or stepparent. (If you are the guardian, attach a copy of the order appointing you.) The name of each victim, other than me, is: _____

How does each victim know the Respondent and what is their relationship? _____

If you are filing on behalf of another person, what is your relationship to each victim? _____

2. a) How many restraining orders have been in effect, ordering Respondent to stay away from the victims you included at #1 above? none one two or more. For each restraining order provide:

Court File Number, if known	County and State where the court is located

b) Does Respondent have a current Harassment Restraining Order or Order for Protection against you?

- Yes, Case File Number (if known) _____ No, I am not aware of any.

3. The following court cases involve me and the Respondent in issues of child custody or parenting time:

Court File Number	County and State where the court is located

4. Respondent has harassed the victim(s) as follows:

- *Check all boxes that apply and give the date and details of each incident.*
- *To get a Restraining order, you must describe actions that meet the legal definition of harassment in Minnesota. See the Instructions for the definition of harassment.*
- *One incident of physical or sexual assault can meet the definition of harassment. For any other act, there must be more than one incident.*
- *If you need more space, attach a full sheet of paper and continue your description there. Do not write on the back.*

Respondent physically or sexually assaulted the victim as follows: _____

Respondent has followed, pursued or stalked the victim as follows: _____

Respondent made uninvited visits to the victim as follows: _____

Respondent made harassing phone calls to the victim as follows: _____

Respondent made threats to the victim as follows: _____

Respondent frightened the victim with threatening behavior as follows: _____

Respondent broke into and entered the victim's residence as follows: _____

Respondent damaged the victim's property as follows: _____

Respondent stole property from the victim as follows: _____

Respondent took pictures of the victim without permission as follows: _____

More than once, Respondent has done acts that meet the legal definition of “targeted residential picketing” by: _____

I told Respondent not to come to certain public events that I or the children attend because: _____

After that, Respondent attended public events I/we attended: (List dates, places and name of events)

These acts by Respondent show a pattern of attending public events while knowing that attending is harassing to me/children.

Other: _____

5. Describe the effect the harassment has upon the victim’s safety, security or privacy:

6. Do you believe the harassment will continue? Why?

7. I ask the Court to issue a Restraining Order as follows: *Check all boxes (a through e) that apply.*

a. Respondent shall not harass me minor child (ren) for whom I am the parent, legal guardian, or stepparent. List the full names of the minor children included in this Petition: _____

b. Respondent shall have no contact with me the minor child(ren) listed above.

c. Respondent shall stay away from where I/we live (address) _____

d. Respondent shall stay away from my/the victim’s job site located at _____

e. Other: _____

8. Court Hearing

Petitioner: Read these Notices about a Hearing

- *You have a right to request a court hearing.*
- *If the Judge dismisses your case because it has no merit, no hearing will be held.*
- *The Judge can issue a Restraining Order without a court hearing if the Judge finds there is immediate and present danger of harassment.*
- *If the Judge issues a Restraining Order without a hearing, the Respondent can request a hearing within 45 days of the date the Restraining Order is issued. If Respondent requests a hearing, the court will notify you by mail at least five days before the hearing date.*
- *If there is a hearing, you must attend the hearing and prove that the statements in your Petition & Affidavit are true, and that Respondent's actions are harassment, as defined by Minnesota law.*

Choose a. or b.

- a. I am not requesting a court hearing at this time.
 But if the court denies my request for a restraining order because the court finds there is no immediate and present danger of harassment, then (check one) I want I don't want a court hearing.

OR

- b. I am requesting a court hearing.

9. I request a Restraining Order for a length of:

- 2 years
- Until the following date: _____, which is less than 2 years from today.
- Up to 50 years because:
- I have two or more prior restraining orders against Respondent (listed at #2 above.)
 - Respondent has violated a prior or existing restraining order between us on two or more occasions.

I understand the court will likely schedule a court hearing for any request over 2 years.

Dated: _____

Signature (sign only in front of notary public or court administrator.) _____

Name _____

Subscribed and sworn to before me

Address _____

Date : _____

City/State/Zip _____

Notary Public \ Deputy Court Administrator

Telephone (_____) _____

Notice: If your address or telephone changes, you must give Court Administration your new information right away, in writing.

**INSTRUCTIONS - WAIVER OF COURT FEES AND COSTS
(IN FORMA PAUPERIS)
Minnesota Statutes § 563.01**

If you cannot afford to pay court fees and costs, you may be able to have these fees and costs waived. Under the law, the court can waive these fees and costs if:

1. You are receiving public assistance under one or more of the following programs:

Minnesota Family Investment Plan (MFIP), MFIP-Emergency Assistance, or MFIP-Diversions Assistance; General Assistance or Emergency General Assistance; Medical Assistance or General Assistance Medical Care; Food Stamps; Supplemental Security Income; Minnesota Supplemental Assistance (MSA) or MSA-Emergency Assistance; Energy Assistance.

OR

2. You are represented by a legal services or volunteer attorney on behalf of a civil legal services program or a volunteer attorney program based on indigence.

OR

3. Your annual family income before taxes is less than 125% of the Federal Poverty Guidelines (2011 figures) for your family size as indicated below.

Maximum Income Level – 125% of Poverty

Please Check Your Family Size	Size of Family Unit	Annual Family Income Before Taxes	Monthly Family Income Before Taxes	Weekly Family Income Before Taxes
	1	\$ 13,963	\$ 1,164	\$ 269
	2	\$ 18,913	\$ 1,576	\$ 367
	3	\$ 23,863	\$ 1,989	\$ 459
	4	\$ 28,813	\$ 2,401	\$ 554
	5	\$ 33,763	\$ 2,814	\$ 649
	6	\$ 38,713	\$ 3,226	\$ 744
	7	\$ 43,663	\$ 3,639	\$ 840
	8	\$ 48,613	\$ 4,051	\$ 935

More than 8 members, add \$4,950 annually for each additional family member (or \$413 monthly or \$95 weekly)

Number of family members: _____ Calculate and enter figure here: \$ _____

OR

4. Your income is not enough to pay for the common necessities of life for yourself and the people you support and also to pay court fees and costs.

If you believe you meet one of the categories above, you can apply to proceed In Forma Pauperis (the Latin title used to describe the procedure for waiver of court fees and costs).

STEP 1: Complete the *Affidavit for Proceeding In Forma Pauperis*. Do not sign the form until you are in front of the court administrator or notary public. Make sure you attach copies of any documents requested on the form, such as proof of public assistance, etc.

STEP 2: Complete the case heading for the *Order Denying / Granting In Forma Pauperis*. The case heading (name of Plaintiff/Petitioner and Defendant/Respondent, etc.) should match your *Affidavit for Proceeding In Forma Pauperis*. The rest of the order can be left blank. The judge will decide whether to sign the section denying or granting the order based on the information you provide.

STEP 3: File these documents with the Court Administrator. You can sign the *Affidavit for Proceeding In Forma Pauperis* in front of the court administration staff. The staff person will tell you the procedures for having a judge review your application.

If the judge grants your request to waive fees and/or costs, the order will only apply to the court case listed in the caption of the *In Forma Pauperis* (IFP) order. The IFP order will expire one year from the date of the order. The court may alter or amend the order at any time before expiration of the order. If the court action is not resolved before the expiration date of the IFP order and other fees or costs are required to be paid, you will need to fill out another *In Forma Pauperis Application* or *Supplemental In Forma Pauperis Application*.

If you have any questions and cannot afford an attorney, you may wish to consult the legal aid office, legal services office, or lawyer referral service in your county (listed in the yellow pages under "Attorneys"), or by going to www.lawhelpmn.org.

Helpful materials may be found at your public county law library. For a directory, see <http://www.lawlibrary.state.mn.us/cllppubdir.rtf>. For more information, contact your court administrator or call the Minnesota State Law Library at 651-296-2775.

CONFIDENTIAL

State of Minnesota

District Court

County _____

Judicial District: _____
Court File Number: _____
Case Type: _____

Plaintiff/Petitioner
vs / and

**Affidavit for Proceeding
In Forma Pauperis
(Minn. Stat. § 563.01)**

Defendant/Respondent

1. I am a party in this action. I am a natural person (not a corporation, partnership or other entity). In good faith, I request a court order waiving court fees and costs. I cannot support my family and myself and also pay or give security for costs.

2. I believe that I have valid reasons for pursuing this action. **My pleadings** (the Petition, Complaint, Answer, Appeal or other pleading) **are attached.**

3. a. I am receiving public assistance under one or more of the following **means-tested** programs:
- MSA (Minnesota Supplemental Assistance Programs);
 - MFIP (Minnesota Family Investment Program);
 - Food Stamps;
 - General Assistance or Discretionary Work Program;
 - MinnesotaCare, Medical Assistance, or General Assistance Medical Assistance;
 - Energy Assistance;
- b. I am receiving public assistance under some other means-tested program: (Name the program)

I have attached proof that I receive public assistance (such as MFIP card or cancelled check from agency) **or I will provide proof if requested.**

c. I receive Supplemental Security Income (SSI) as a resource for meeting my expenses.

4. I am represented by attorney _____ on behalf of _____
_____ a civil legal services program or volunteer attorney
program, based on indigency.

5. My family size is _____. (Include yourself, your spouse, your minor children, and other dependents in your household.) For my family size, I counted myself and (list all others):

Name	Age	Relationship to you

6. My gross **annual** family income (before taxes and deductions) is \$ _____ which is less than 125% of the Federal Poverty Line for my family size of _____ members. **I have attached proof of my family income or I will provide proof if requested.**

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7. My gross **monthly** income before taxes and deductions is \$_____. My net (take home) **monthly** income is \$_____, and the source of that income is: Job / wages
 Unemployment Spousal Support Trust Income Social Security
 Other: _____

8. My spouse's gross **monthly** income before taxes and deductions is \$_____. My spouse's net (take home) **monthly** income is \$_____, and the source of that income is _____
_____; OR, I do not know my spouse's income because: _____
_____ OR I am not married.

9. All other family members and dependents living with me have net **monthly** income as follows:

Name of person	Age	Net (take home) monthly income	Source of that Income

10. I receive \$_____ per month in child support (includes medical support and/or child care support).

11. I pay \$_____ per month in court-ordered child support (includes medical support and/or child care support).

12. I pay \$_____ per month in court-ordered spousal support.

13. I pay \$_____ per month for rent mortgage payment.

14. I own:

Cash	\$ _____
Checking, savings and credit union accts	\$ _____
Cars, other vehicles (list make, year and equity value (market value minus unpaid loans))	\$ _____
_____	\$ _____
_____	\$ _____
Real Estate (market value minus unpaid mortgage/loans)	
Homestead:	\$ _____
Other Real Estate:	\$ _____
Other personal property (jewelry, stocks, bonds, etc. - list separately)	\$ _____
_____	\$ _____
_____	\$ _____

15. I am presently \$_____ in debt, excluding car loans and real estate mortgage/loans.

16. Other factors which support your request are (explain unusual medical expenses, emergencies, reasons that the family money is not available to you, or other circumstances to help the Judge understand your situation): _____

Dated: _____

Sworn/affirmed before me this _____ day of _____.

Notary Public \ Deputy Court Administrator

Signature (Sign only in front of notary public or court administrator)

Name: _____

Address: _____

City/State/Zip: _____

Telephone: (_____) _____

Petitioner's Information Sheet

The following information will assist the Court in completing the processing of your case. Please complete and bring this document to the court administration office at the time you bring your Petition and other documents.

Check off all sections that apply to you:

- I want my address to remain secret and not be part of the public file.

My address is: _____

- The respondent lives in the same building as I do.
- The respondent and I work for the same employer. Yes No
If yes, answer following:

1. Do you have the same supervisor as the respondent does?

- Yes, and our supervisor's name is _____
 No

2. Do you work in the same building or department as the respondent does?

- Yes, and the name of the building is _____
 Yes, and the name of the department is _____
 No

3. The respondent and I work the same hours: _____

- The respondent and I attend the same school: _____
- I want my phone number to remain secret and not be part of the public file.

My phone number is: () _____

When the order has been signed:

- Please call me at the above number and I will return to pick up my copy of the order.
- I will pick up my copy of the Order at a Women's Shelter or advocacy program.
- I will pick up my copy of the Order at the sheriff's department.
- Please FAX my copy to me at: () _____
- Please mail my copy to me at: _____
- I will wait at the Courthouse until the order is ready. I understand that it may be several hours before a decision is made and either I receive my copy of the OFP or my petition is denied.
- If more information is needed or the order is not approved, please call me at the number shown above.

DATED: _____

Signature of Petitioner

LAW ENFORCEMENT INFORMATION SHEET

INSTRUCTIONS TO PETITIONER -- IMPORTANT! PLEASE READ CAREFULLY!

The Sheriff will personally serve your domestic abuse papers on the Respondent. Since the hearing usually cannot be held without locating and giving these papers to the Respondent, it is important that the Sheriff have accurate and detailed information to help locate the Respondent and avoid delay.

You are **NOT** required to give all the information requested on this information sheet. If you do not give this information, it may be more difficult to locate the Respondent and it could make service more dangerous for the Sheriff and others.

This information is confidential until a temporary order is executed or served on the Respondent (Minn. Stat. § 13.80). After that, it may be considered public information.

You may call the Sheriff's Office or the Court Administrator's Office to find out if an officer found and gave the domestic abuse papers to the Respondent.

Petitioner is asked not to let the Respondent know that domestic abuse papers are going to be served on him/her. This advance notice could make service of the papers more difficult and dangerous for the Sheriff.

Instructions to Court Administrator.

This information should not be kept in your office -- forward to law enforcement.

Respondent Information.

Full name: _____

Home Address: _____
(address)

City _____ State _____ Zip _____

Phone: () _____ Nickname or Alias: _____

Respondent's Employer name and address: _____

Directions: _____

Respondent's Physical Description.

Birthdate: _____ Race: _____ Height: _____ Weight: _____

Hair Color: _____ Eye Color: _____ Glasses: No Yes

Beard: No Yes Moustache: No Yes Picture Attached: No Yes

Tattoos: _____

Scars: _____

Other identifying characteristics: _____

Does Respondent have any weapons? No Yes: _____

Does Respondent have a valid driver's license? No Yes

Vehicle 1: Make & Model: _____ Color: _____ Year: _____

License No.: _____ State Name on License Plate: _____