

State of Minnesota

County _____

District Court

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

In the Matter of:

Petitioner (first, middle, last)
On behalf of:
Other persons needing protection (first, middle, last)

**Petitioner's Affidavit and Petition
For Order for Protection**
Minn. Stat. § 518B.01

and for her/himself

vs.

Respondent (first, middle, last)

I, being sworn/affirmed on oath, state that:

I am the Petitioner (the person requesting the order) in this action. This affidavit supports my request for an Order for Protection (OFP). (Minn. Stat. § 518B.01).

1. Who needs protection?

- Me (Petitioner)
- My minor child(ren)
- A person for whom I am the legal guardian (attach Guardianship Order)
- A minor child who is not my child, but is a family or household member of mine
- Other: _____

2. Petitioner Information (You)

Name: (first, middle, last) _____

My address or phone is confidential. (Give the confidential information to court administration on a separate sheet of paper.)

My Address: _____

City, State, Zip Code: _____

Telephone: (_____) _____

Race: _____ (for federal reporting purposes)

Gender: male female Date of birth: (month/day/year): _____

3. Respondent Information: (Person you want protection from)

Name: (first, middle, last) _____

Address: _____

City, State, Zip Code _____

Telephone: (_____) _____

Race: _____ Gender: male female

Date of birth: _____ If unknown, age or approximate age _____
month/day/year

If Respondent is under 18 years old, service must be made on Respondent and Respondent's parent or guardian. Parent or guardian name: _____

Parent or guardian address: _____

4. List all persons needing protection, other than you. None

Name (first, middle, last)	Race	Gender	Date of Birth	Lives with you?	How is this person related to you?	How is this person related to Respondent?
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No		

5. List all minor children you and Respondent have together (biological and adopted), not listed at #4. None

Name (first, middle, last)	Date of Birth	Who has the child now?
		<input type="checkbox"/> Me <input type="checkbox"/> Respondent <input type="checkbox"/> Other
		<input type="checkbox"/> Me <input type="checkbox"/> Respondent <input type="checkbox"/> Other
		<input type="checkbox"/> Me <input type="checkbox"/> Respondent <input type="checkbox"/> Other
		<input type="checkbox"/> Me <input type="checkbox"/> Respondent <input type="checkbox"/> Other
		<input type="checkbox"/> Me <input type="checkbox"/> Respondent <input type="checkbox"/> Other

6. List all minor children living with you, not listed at #4 or #5. None

Name (first, middle, last)	Date of Birth	How is this child related to you?	How is this child related to Respondent?

7. What is your relationship to Respondent? (Check all that apply)

- Married. Marriage date: _____
- Divorced. Marriage date: _____ Divorce date: _____
- Living together since _____ (date)
- Lived together from ____/____/____ to ____/____/____
- Have a child together
- Have an unborn child together
- Parent/Child
- Related by blood
- Significant romantic or sexual relationship.

The relationship lasted from (date): _____ until _____

How often did you have contact with Respondent during that time? _____

8. Is there an Order for Protection in effect now between you (or anyone else listed at #4) and Respondent? Yes No

If yes, when does the Order expire? _____

In what County and State was the Order made? _____

What is the Court Case Number? _____

The Order requires (name) _____ to stay away from (names) _____

9. Orders for Protection no longer in effect:

Have you, or any of the people listed at #4, had an Order for Protection against Respondent in the past? Yes No (If no, skip to #10.)

If yes, how many? _____ (If a temporary order expired because law enforcement was not able to serve Respondent with the OFP, you do not have to list it here.)

Provide the following details:

Court File Number, if known	County and State

10. Now, or in the past, have you (or other persons at #4) and Respondent been jointly involved in **other family court, domestic abuse criminal cases, or harassment restraining order cases**? Yes No

Check the box if you and Respondent have a current or closed Court Case of this type:

- Divorce Custody Paternity Child Support Child Protection
 Domestic Abuse criminal charges Domestic Abuse criminal conviction
 Harassment Restraining Order

For each box checked, provide the following case information, if known:

Case Type Case Number State/County Year Filed Names of Children involved

11. Why do you (or the persons listed at #4) need an Order for Protection?

Describe the abuse by answering the questions below. If there are several dates, use the *Description of Abuse Attachment* to describe what happened on the other dates.

Date of most recent abuse: _____

Who was there: _____

Describe what Respondent did to physically harm you (or others at #4) or make you afraid. If you were injured, also describe the injuries. _____

Was medical treatment received for any injuries? Yes No If Yes, list the dates and locations where medical treatment was received. _____

Describe any use or threatened use of guns or other weapons: _____

During the incident, did Respondent interfere with a 911 or emergency call? Yes No

Describe the interference: _____

Did the police/sheriff come? Yes No If Yes, list dates and other details. _____

12. (Optional) If there is a **history of abuse** by Respondent against persons at #4, in addition to the recent incidents, you may briefly explain the history here: _____

13. **Do you believe that the domestic violence will continue** and that you or other persons at #4 are in immediate danger? Yes No Why? _____

14. Does Respondent work or attend school at the same place as Petitioner or any other protected persons? Yes No

REQUESTS FOR RELIEF

15. **Relief that does not require a hearing:**

I ask the court to order the things I checked below in (a) through (k). I understand that requesting these things does not require a hearing to be held.

I understand that if the court issues an Ex Parte Order, the judge may set a hearing and/or the Respondent may request a hearing.

I understand that if the court does not issue an Ex Parte Order, the judge may dismiss the matter, or may set a hearing, unless I do not want a hearing (indicate by checking the box below).

I **DO NOT** want a hearing. If the court does not issue an Ex Parte Order, I ask that no hearing be scheduled and that the matter be dismissed. I understand that this means there will be no Order issued and no further proceedings.

Based on this affidavit, I am asking the court to make the following orders:

- a. Issue an Ex Parte Order for Protection to protect me all persons listed at #4.
(These are the protected persons.)
- b. Restrain and enjoin Respondent from causing *the protected person(s)* any physical harm, or fear of immediate physical harm.
- c. Order Respondent to have no contact with *the protected person(s)* whether in person, with or through other persons, by telephone, mail, e-mail, through electronic devices, social media, through a third party, or by any other means, except as follows:

d. Exclude Respondent from:

- i. My home or the home Respondent and I share.
 My address is confidential OR

My home address is: _____

And a reasonable area surrounding my home, specifically as follows: _____

Except as follows: _____

- ii. The home of _____ (*protected person(s)*).
 The address is confidential OR

The home address is: _____

And a reasonable area surrounding this home, specifically as follows: _____

Except as follows: _____

- e. Restrain Respondent from calling or entering Petitioner's _____'s workplace including all land, parking lots and buildings at:

Employer Name: _____

Address: _____
Street, City, State

Except as follows: _____

- f. Restrain Respondent from entering _____ at the following address: _____

Street, City, State

Except as follows: _____

- g. Order Respondent to continue all currently available insurance coverage without change in coverage or beneficiaries.

- h. Order the possession and care of a pet or companion animal as follows: _____

- i. Order Respondent to refrain from physically abusing or injuring any pet or companion animal, without legal justification, known to be owned, possessed, kept, or held by either party or a minor child residing in the residence or household of either party as an indirect means of intentionally threatening the safety of such person.

- j. Direct local law enforcement to provide the following assistance: _____

- k. Other: _____

16. Relief that requires a hearing

In addition to the orders requested above, I ask the court to order the following things. I understand that if I request any of the following things, a hearing must be held.

- a. Grant me temporary custody of the joint minor child(ren) subject to parenting time for the Respondent as detailed at #17. (Fill out #17)
- b. Order Respondent to pay a reasonable amount of money for the support of our joint minor child(ren). (Fill out #18)

- c. Order Respondent to pay a reasonable amount of money to me for my living expenses (Fill out #18)
- d. Award me temporary use and possession of personal property (describe the property):

- e. Restrain respondent from disposing of or destroying the following property: _____
- f. Order Respondent to pay me restitution in the amount of \$_____ (Fill out #19)
- g. Order Respondent to attend counseling, treatment, or other social services as follows:
 - Domestic Abuse program
 - Alcohol/chemical dependency evaluation and follow recommended treatment
 - Mental health evaluation and follow recommended treatment
 - Other _____
- h. Prohibit Respondent from shipping, transporting, possessing, or receiving any firearms or ammunition.
- i. Issue the Order for Protection for a period up to 50 years because:
 - Respondent has violated a prior or existing Order for Protection on two or more occasions
 - Petitioner/*protected person* has had two or more Orders for Protection in effect against this Respondent.

Additional Information to Support my Requests that Require a Hearing

17. Temporary Custody and Parenting Time

If you and Respondent have a minor child together, you can ask the court to make temporary orders about custody, parenting time, or support for the child. To ask for these temporary orders, paternity must be established by marriage, Recognition of Parentage, or Paternity Order.

Do you want custody or parenting time ordered? Yes No If No, skip to #18. If Yes, fill in the information below.

- a. Temporary custody of the following joint minor child(ren): _____
_____ should be awarded to me because: _____
- b. Respondent should have parenting time as follows:
(Check all that apply)

Unsupervised parenting time at the following days/times:

No parenting time because: _____

Supervised parenting time because: _____

_____ with supervision as follows:

- at a safety center or appropriate facility, if available.
- supervised by a relative, friend, or other third party
- Parenting time subject to the following conditions: _____

We should exchange the children for parenting time exchanges at an appropriate facility: _____

Other: _____

18. Financial Support

I want the court to order Respondent to financially support me or our joint children. Yes
 No If No, skip to #19. If Yes, fill in the information below.

a. I am seeking child support spousal maintenance medical support/health insurance. *Note: You must be married to get spousal maintenance for your living expenses.*

My income is \$ _____ per month from _____ (source).

I have monthly expenses of \$ _____, including \$ _____ for our joint minor child(ren).

Respondent's income is \$ _____ per month from _____ (source) or unknown. Respondent is

employed unemployed unknown. The name and address of

Respondent's employer is: _____

b. I have childcare costs for the joint children of \$ _____ per month because of employment or school.

c. Health insurance for me child(ren) is through:

My employer

Respondent's employer

Minnesota Care

Private insurance I purchase

Private insurance Respondent purchases

Other: _____

d. Other information about why you want financial support: _____

19. Restitution

I want the Court to order Respondent to reimburse me for expenses I incurred because of the domestic abuse. Yes No If Yes, fill in the information below.

My expenses total \$ _____.

Describe the expenses (such as medical expenses or costs to repair or replace damaged property) _____

(Be prepared to bring receipts or other proof of the expenses to the court hearing.)

20. I further request such other relief at the time of the full hearing as the Court finds necessary for the protection of a family or household member, including orders or directives to law enforcement agencies.

Signature of Petitioner: _____

Dated: _____

Sign in front of notary or court administrator

Name: _____

(If your address is confidential do not include it here)

Address: _____

City/State/Zip: _____

Telephone: (_____) _____

Sworn/affirmed before me this

_____ day of _____, _____.

Notary Public \ Deputy Court Administrator

ATTACHMENT FOR DESCRIPTION OF ADDITIONAL ABUSE

Date of next incidence of abuse: _____

Who was there: _____

Describe what Respondent did to physically harm you (or others at #4) or make you afraid. If you were injured, also describe the injuries. _____

Was medical treatment received for any injuries? Yes No If Yes, list the dates and locations where medical treatment was received. _____

Describe any use or threatened use of guns or other weapons: _____

During the incident, did Respondent interfere with a 911 or emergency call? Yes No If yes, describe the interference: _____

Did the police/sheriff come? Yes No If Yes, list dates and other details. _____

Date of next incident of abuse: _____

Who was there: _____

Describe what Respondent did to physically harm you (or others at #4) or make you afraid. If you were injured, also describe the injuries. _____

Was medical treatment received for any injuries? Yes No If Yes, list the dates and locations where medical treatment was received. _____

Describe any use or threatened use of guns or other weapons: _____

During the incident, did Respondent interfere with a 911 or emergency call? Yes No If yes, describe the interference: _____

Did the police/sheriff come? Yes No If Yes, list dates and other details. _____

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: _____