

Please answer the following questions by checking the appropriate column:

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Do you currently have a Magistrate's Emergency Protective Order?
If yes, when does it expire?
Do you have a copy of the order? <input type="checkbox"/> YES <input type="checkbox"/> NO
If no, what court issued the order? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Do you currently have a divorce pending against the Respondent? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Have you ever been involved in a previous Protective Order?
If yes, against who, when and in which county? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Do you want the Respondent ordered to stay away from you? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Will you take all necessary steps to comply with any court order entered in this case, including reporting all violations to the proper authorities? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Do you understand that it can take up to 20 days to obtain a Final Protective Order and requires at least two appointments in our office and a Court appearance? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Do you understand that the Protective Order will be in effect for 1-2 years? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Is there a past history of violence to you with the Respondent? |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Do you have criminal charges currently pending against you?
If yes, what is the offense, what is the county the case is pending? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Have you ever been convicted of a crime?
If yes, what was the offense, when were you convicted, what was your sentence, and in which county were you convicted? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Has CPS ever been involved with your family?
If yes, when, in which county, and what was the result? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. Does the respondent know where you currently live? |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. Will you be moving to a new residence? |
| <input type="checkbox"/> | <input type="checkbox"/> | 14. Does your new location/address need to be CONFIDENTIAL ? |

Any address made **confidential** will not be added on the Application for Protective Order.

Has Respondent ever done any of the following? (check all that apply and provide date (mm/dd/yy) in column):

	DATE		DATE
<input type="checkbox"/> Pushed, pulled, or shoved you	_____	<input type="checkbox"/> Pulled your hair	_____
<input type="checkbox"/> Scratched you	_____	<input type="checkbox"/> Twisted your arm	_____
<input type="checkbox"/> Hit you with his/her hand	_____	<input type="checkbox"/> Hit you with any object	_____
<input type="checkbox"/> Slapped you	_____	<input type="checkbox"/> Spit on you	_____
<input type="checkbox"/> Kick or stomped on you	_____	<input type="checkbox"/> Bit you	_____
<input type="checkbox"/> Pinched you	_____	<input type="checkbox"/> Cut you	_____
<input type="checkbox"/> Shot at you or shot you	_____	<input type="checkbox"/> Hit or hurt you while you were pregnant	_____
<input type="checkbox"/> Threatened you with a gun	_____	<input type="checkbox"/> Threatened you with a knife	_____
<input type="checkbox"/> Burned you	_____	<input type="checkbox"/> Choked you	_____
<input type="checkbox"/> Confined you against your will	_____	<input type="checkbox"/> Thrown object at you	_____
<input type="checkbox"/> Threatened to hurt you	_____	<input type="checkbox"/> Threatened to kill you	_____
<input type="checkbox"/> Violent with you in front of your children	_____	<input type="checkbox"/> Hit your children	_____
<input type="checkbox"/> Threatened to hurt/kill your children	_____	<input type="checkbox"/> Threatened to take your children	_____
<input type="checkbox"/> Committed acts of child abuse	_____	<input type="checkbox"/> Hurt/killed a family pet	_____
<input type="checkbox"/> Threatened to hurt/kill a family pet	_____	<input type="checkbox"/> Tried to force you to have sex	_____
<input type="checkbox"/> Forced you to have sex	_____	<input type="checkbox"/> Prevented you from seeking medical treatment	_____
<input type="checkbox"/> Made you afraid for your safety or well-being in any other way: _____			

Please describe the **most recent** incident of family violence. **Include dates, details, the names of any witnesses, and any contacts with law enforcement because of this incident, including if you pressed charges.** If the most recent act you described is a threat, explain why you believe it is credible.

Please provide any other information you believe may be important to your case:

If you are asking the Court to remove Respondent from the home.

1) Have you resided at the residence in which you wish to exclude Respondent from within the past 30 days? YES NO

2) Has Respondent committed family violence within the past 30 days against a member of the household? YES NO

3) Is the home you reside in owned jointly or solely by Respondent? _____

4) Is the home you reside in leased jointly or solely by Respondent? _____

5) Is the home you reside in leased or owned solely by you? _____

Office use only:
