

PETITION FOR PROTECTIVE ORDER - FAMILY ABUSE

Commonwealth of Virginia Va. Code 16.1-241(M), 16.1-253.1, 16.1-279.1

Court Case No.:

Hearing Date and Time:

PRINCE WILLIAM COUNTY Juvenile and Domestic Relations District Court

Petitioner (Self)

Respondent (Other Party)

RESPONDENT'S ADDRESS/LOCATION

DOB... SSN... PH#...

ADDRESS...

The undersigned Petitioner respectfully represents to the Court that:

1. The Petitioner and Respondent are family or household members because

- Petitioner is the Respondent's
The Respondent and Petitioner

Social Security No.

Telephone No. (H)

(W)

2. The Respondent is committing or, within a reasonable time, has committed the following acts of family abuse:

X See accompanying affidavit.

Table with columns: RACE, SEX, BORN (MO., DAY, YR.), HT. (FT., IN.), WGT., EYES, HAIR

3. Other cases involving the Petitioner and Respondent have have not been filed in Virginia courts.

4. An Emergency Protective Order involving the parties is in effect and was issued in the

City County of on

PETITIONER, THEREFORE, RESPECTFULLY REQUESTS that a preliminary protective order a protective order be issued and that such order impose the following conditions on the Respondent and such other conditions as the judge deems appropriate as allowed by law:

- Prohibiting further acts of family abuse or criminal offenses that result in injury to person or property.
Prohibiting such contact with the Petitioner as the judge deems necessary for the health or safety of the Petitioner.
Prohibiting such contact with the following family or household members as the judge deems necessary for their health and safety.

Granting the Petitioner possession of the premises occupied by Petitioner and Respondent to the exclusion of the Respondent. This residence is located at:

Prohibiting the Respondent from terminating requiring that the Respondent restore necessary utility service(s) to the premises indicated above, specifically,

UTILITY SERVICE(S)

Granting the Petitioner temporary exclusive possession or use of a motor vehicle jointly owned by the parties or owned by the Petitioner alone, described as follows:

Requiring that the Respondent provide suitable alternative housing for the Petitioner and other family or household members and requiring the Respondent to pay deposit(s) to connect or restore necessary utility service(s) in the alternative housing, specifically,

UTILITY SERVICE(S)

Granting temporary custody or visitation of a minor child or children to Petitioner (UCCJEA affidavit attached).

Provide temporary support for minor children. (PROTECTIVE ORDER only.)

Other relief necessary for protection:

DATE

PETITIONER

by

ATTORNEY'S ADDRESS AND TELEPHONE NUMBER

PETITIONER'S ATTORNEY

(When attested, this Petition shall also be an affidavit of the facts as stated in the Petition.)

Sworn to/affirmed and signed before me this day.

DATE

[] INTAKE OFFICER [] CLERK

SUMMONS FOR HEARING:

TO THE RESPONDENT: You are hereby summoned to appear in this Court on at m.

[] CLERK [] DEPUTY CLERK

SOCIAL HISTORY WORKSHEET FOR FAMILY ABUSE PRELIMINARY PROTECTIVE ORDER

"FAMILY OR HOUSEHOLD MEMBER" MEANS:

(i) the person's spouse, whether or not he or she resides in the same home with the person, (ii) the person's former spouse, whether or not he or she resides in the same home with the person, (iii) the person's parents, stepparents, children, stepchildren, brothers, sisters, half-brothers, half-sisters, grandparents and grandchildren, regardless of whether such persons reside in the same home with the person, (iv) the person's mother-in-law, father-in-law, sons-in-law, daughters-in-law, brothers-in-law, and sisters-in-law who reside in the same home with the person, (v) any individual who has a child in common with the person, whether or not the person and that individual have been married or have resided together at any time, or (vi) any individual who cohabits or who, within the previous 12 months, cohabited with the person, and any children of either of them then residing in the same home with the person.

"FAMILY ABUSE" MEANS:

Any act involving violence, force, or threat that results in bodily injury or places one in reasonable apprehension of death, sexual assault, or bodily injury and that is committed by a person against such person's family or household member. Such act includes, but not limited to, any forceful detention, stalking, criminal sexual assault in violation of Article 7 (§ 18.2-61 et seq.) of chapter 4 of Title 18.2, or any criminal offense that results in bodily injury or places one in reasonable apprehension of death, sexual assault, or bodily injury.

I HAVE READ THE ABOVE STATEMENTS AND I BELIEVE THAT MY SITUATION MEETS THE CRITERIA AS DESCRIBED ABOVE.

PLEASE LIST NAMES AND AGES OF MINOR CHILDREN LIVING IN THE HOME AND THEIR RELATIONSHIP TO THE RESPONDENT / DEFENDANT:

| CHILD'S FULL NAME | DATE OF BIRTH | AGE | RELATIONSHIP TO RESPONDENT |
|-------------------|---------------|-----|----------------------------|
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IF APPLICABLE:

DATE OF MARRIAGE _____ CITY AND STATE _____
 DATE OF DIVORCE _____ CITY AND STATE _____

IF LIVING TOGETHER:

[Continue on Page 5 for Additional Space]

WERE YOU LIVING IN THE SAME HOUSEHOLD WHEN THIS INCIDENT OCCURRED? _____

PLEASE DESCRIBE IN DETAIL THE WORST INCIDENT OF PHYSICAL ABUSE AND PROVIDE THE DATE(S) FOR THIS INCIDENT:

DID YOU EVER RECEIVE INJURIES FROM THE ABUSE? _____ IF SO, PLEASE DESCRIBE THE NATURE AND EXTENT OF THESE INJURIES, AND WHETHER MEDICAL ATTENTION / TREATMENT WAS RECEIVED.

WERE THE POLICE EVER CALLED? _____ IF SO, PLEASE EXPLAIN THE CIRCUMSTANCES:

DID THE POLICE (OR YOU) EVER FILE A WARRANT OR TAKE OTHER LEGAL ACTION IN ANY PRIOR ABUSE SITUATION IN OR OUT OF THE STATE OF VIRGINIA? _____

WERE ANY WEAPONS USED? _____ ARE THERE ANY WEAPONS IN THE HOUSE OR IN
THE RESPONDENT'S / DEFENDANT'S POSSESSION? _____ IF YES, PLEASE
DESCRIBE THE TYPE OF WEAPON(S). _____

DOES THE RESPONDENT / DEFENDANT HAVE A CRIMINAL RECORD? _____
IF YES, PLEASE PROVIDE THE NATURE OF THE CRIMINAL RECORD. _____

DOES THE RESPONDENT / DEFENDANT HAVE A SUBSTANCE ABUSE PROBLEM? _____
IF YES, PLEASE DESCRIBE THE KIND AND FREQUENCY OF THE SUBSTANCE ABUSE. _____

HAVE EITHER OF YOU EVER RECEIVED COUNSELING? _____ IF YES, PLEASE
DESCRIBE THE TYPE AND DURATION OF THE COUNSELING. _____

ARE THE CHILDREN AND / OR OTHER FAMILY MEMBERS VICTIMS OF PHYSICAL ABUSE? _____
IF YES, PLEASE DESCRIBE. _____

DESCRIBE THE TYPE OF ABUSE AGAINST YOU. (PUSHING, SHOIVING, SLAPPING, HITTING WITH FISTS,
CHOKING, FORCIBLE SEX, ETC.) _____

IS THERE A HISTORY OF ABUSE THROUGHOUT YOUR RELATIONSHIP OR IS THIS SOMETHING THAT HAS JUST RECENTLY STARTED HAPPENING? _____

ARE YOU PHYSICALLY AFRAID OF THE RESPONDENT / DEFENDANT? _____
WHAT ARE YOU AFRAID HE / SHE MIGHT DO? _____

PLEASE ADD ANY OTHER INFORMATION THAT YOU FEEL IS RELEVANT TO THIS CASE: