

IN THE COURT OF COMMON PLEAS
_____ COUNTY, OHIO

Petitioner : **Case No.** _____

On behalf of: (Family or Household Member)

Judge/Magistrate _____

Address (Safe mailing address) :

City, State, Zip Code : **PETITION FOR DATING VIOLENCE CIVIL PROTECTION ORDER (R.C. 3113.31)**

Date of Birth _____ / _____ / _____ :

v. :

Respondent

Address (If home address unknown, put work address) :

City, State, Zip Code :

Date of Birth _____ / _____ / _____ :

CHECK ALL BOXES THAT APPLY. IF YOU ARE ASKING FOR YOUR ADDRESS TO BE KEPT CONFIDENTIAL, PLEASE PUT A MAILING ADDRESS WHERE YOU CAN SAFELY RECEIVE MAIL. IF YOU ARE A PARTICIPANT IN THE SECRETARY OF STATE'S ADDRESS CONFIDENTIALITY PROGRAM, PLEASE USE THE P.O. BOX ADDRESS GIVEN TO YOU. THIS FORM IS A PUBLIC RECORD.

I or a witness need a foreign language interpreter in _____ or sign language interpreter per Sup.R. 88.

1. I **want** **do not want** an **ex parte (emergency) protection order** per R.C. 3113.31. I understand the Court will schedule a full hearing trial, no matter if the ex parte protection order is granted, denied, or not requested.

2. I am filing the Petition for me and am in fear of continuing danger.

a. I was 18 years old or older when the violence took place.

b. I am or was in a dating relationship with Respondent within one year before the violence took place.

3. I am filing the Petition for my adult family or household member, and my adult family or household member is in fear of continuing danger.

g. Respondent's violence resulted in serious physical injury, forced sex, strangulation (or choking), abuse during pregnancy, abuse of animals, and/or forced entry:

h. Recent separation from Respondent or relationship was recently terminated:

i. Respondent's obsessive and controlling behaviors, including stalking, spying, following, and/or isolation:

j. Respondent's suicidal or homicidal thoughts:

12. I further requests that the Court grant relief under R.C. 3113.31 to protect the Petitioner and/or the family or household members named in this Petition from domestic violence by granting a civil protection order that: (Check all boxes that apply.)

- a. Directs Respondent to not abuse Petitioner and the family or household members named in this Petition by harming, attempting to harm, threatening, following, stalking, harassing, forcing sexual relations upon them, or by committing sexually oriented offenses against them.
- b. Directs Respondent to not enter, approach, or contact by any means the residence, school, business, and place of employment of Petitioner and the family or household members named in this Petition.
- c. Directs Respondent to not approach or have contact by any means with the Petitioner and the family or household members named in this Petition.
- d. Directs Respondent to not remove, damage, hide, harm, or dispose of any companion animals or pets owned or possessed by Petitioner.
- e. Grants Petitioner permission to take Petitioner's pets or companion animals, as described below, away from the possession of Respondent:

f. Directs Respondent to permit Petitioner to have exclusive use of the following motor vehicle:

g. Directs Respondent to complete counseling, substance abuse counseling, or other treatment or intervention as determined necessary by the Court.

h. Directs the wireless service provider to separate Petitioner's account from Respondent's account, per R.C. 3113.45 to 3113.459. Petitioner will assume all financial responsibility for any costs associated with the wireless service number and any costs for the device associated with the wireless service number. The Respondent's billing telephone number is _____.

Petitioner's contact information is on page 1 of this Petition. Following is the wireless service numbers to be transferred to the Petitioner which are used by Petitioner or the minor children in the care of the Petitioner:

i. Includes the following additional provisions:

- 13. Petitioner further requests that the Court issue no mutual protection orders or other orders against Petitioner unless all of the conditions of R.C. 3113.31(E)(4) are met.
- 14. Petitioner further requests that if Petitioner has a victim advocate, the Court permit the victim advocate to accompany Petitioner at all stages of these proceedings as required by R.C. 3113.31(M).
- 15. Petitioner further requests at the ex parte hearing or full hearing that the Court grant such other relief as the Court considers equitable and fair, including orders or directives to law enforcement.
- 16. Petitioner has listed court cases (including children service/CPS case, animal cruelty, sexually oriented offense, no contact order, and protection order) and other legal matters regarding Respondent which may relate to this case :

CASE NAME	CASE NUMBER	COURT/COUNTY	TYPE OF CASE	RESULT OF CASE

I hereby swear or affirm that the answers above are true, complete, and accurate to the best of my knowledge. I understand that falsification of this document may result in a contempt of court finding against me which could result in a jail sentence and fine, and that falsification of this document may also subject me to criminal penalties for perjury under R.C. 2921.11.

SIGNATURE OF PETITIONER

DATE

IF YOU DO NOT HAVE AN ATTORNEY, PLEASE LEAVE THE INFORMATION BELOW BLANK.

Signature of Attorney

Attorney's Registration Number

Name of Attorney

Attorney's Telephone

Attorney's Address

Attorney's Fax

City, State, Zip Code

Attorney's Email

IN THE COURT OF COMMON PLEAS

COUNTY, OHIO

Petitioner : Case No. _____

v. : Judge/Magistrate _____

Respondent :

REQUEST FOR SERVICE

TO THE CLERK OF COURT:

Pursuant to Civ.R. 65.1(C)(2), please serve Respondent a copy of the Petition, ex parte protection order, if granted, and any other accompanying documents to the address below and as follows:

 Personal service Certified Mail, Return Receipt Requested
 Other (specify) _____

Other (address): _____
 Personal Service Certified Mail, Return Receipt Requested
 Other (specify) _____

SPECIAL INSTRUCTIONS TO SHERIFF:

SIGNATURE OF ATTORNEY OR PETITIONER

RETURN OF SERVICE

Respondent was served on _____

Officer and Badge Number Law Enforcement Agency

Date

CLERK'S CERTIFICATE OF MAILING

Service of Process was sent by _____ this _____ day of _____

Attest: _____ Deputy Clerk