## Affidavit of Support in a Civil Action with Temporary Restraining Order (T.R.O) (Form 39)

<u>Affida</u> \	<u>vit in Support</u>
	[10. Index No. & Year] Insert Index Number & the year it was purchased
	[11. Fill in name(s)] Fill in the Plaintiff name
	[12. Fill in name(s)] Fill in the Defendant name
	[13. Your name(s)] Your name
	[14. Circle One] Circle your party status, plaintiff or defendant
	[15. Describe what you are asking the Court to do and why your should be
	granted the immediate relief] Describe your request.
	[16. Explain your reasons. Attach additional pages if necessary] Describe
	all facts, events, actions and decisions.
	[17. State the nature of the action or activity sought to be restrained.] State
	what the other party is doing and what must be stopped.
	[18. State the reasons- specifically why the order needs to be immediately
	granted.] Describe why you are asking for a stay
	[19. Check that a prior application has been made only if you are seeking
	the same relief again] This item requires that you check a box, either that you
	are asking for new relief or that you have previously asked for the same relief.
	[20. What Court, when, who made the application, the result of the
	application, attach a copies of the application and explain why you are
	making another application.] If you are asking for the same relief, state why.
	[21. Sign your name before a notary public] Signature
	[22. Print Your Name] Print your Name
	[23. Affidavit must be notarized.] Sign affidavit before a notary public
_	on Back (Last page of entire packet)
	[24. Index No. & Year] Insert Index Number & the year it was purchased
	[25. Fill in name(s)] Fill in the Plaintiff name
	[26. Fill in name(s)] Fill in the Defendant name
	[27. Insert name(s) of papers submitted] Put the Names of all of the papers
	[28. YOUR SIGNATURE] Signature
	[29. PRINT YOUR NAME] Your name
	[30. YOUR ADDRESS] Your address
	[31. CITY, STATE ZIP CODE] City State and Zip Code
	[32. YOUR PHONE NUMBER] Your telephone Number