

## PETITION INFORMATION SHEET

<b>1) Petitioner (YOU)</b>			
**Name:		Alias or Nickname:	
**Full Address (include apt# and zip code) :			
** Do you want to keep your address confidential (private) from the person you are filing against? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Phone (home): (     )     )	Phone (cell): (     )     )	Email address:	
**Date of Birth:     /     /	**Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Soc. Sec. No.:	
Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Native American <input type="checkbox"/> Asian / Pacific Islander		Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non – Hispanic	
Height:	Weight:	Eye Color:	Hair Color:

2) I am related to the person(s) I am filing against as follows:  Married  Divorced  We have a child in common  
 Parent  Child  We are related by Blood or Marriage (describe) \_\_\_\_\_  
 Other Intimate Relationship (describe) \_\_\_\_\_

<b>3) Respondent (the person you are filing against) for guardianship cases list the child's mother here</b>			
**Name:		Alias or Nickname:	
**Full Address (include apt# and zip code) :			
Phone (home): (     )     )	Phone (cell): (     )     )	Email address:	
**Date of Birth:     /     /	**Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Soc. Sec. No.:	
Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Native American <input type="checkbox"/> Asian / Pacific Islander		Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non – Hispanic	
Height:	Weight:	Eye Color:	Hair Color:
Skin Complexion: <input type="checkbox"/> Light <input type="checkbox"/> Medium <input type="checkbox"/> Dark		Tattoos / scars (location/description) _____	
Vehicle information: Make: _____ Model: _____ Year: _____ Color: _____			
Employer/School: (list name /address ) _____ Work School hours _____			

<b>4) 2<sup>nd</sup> Respondent (the 2<sup>nd</sup> person you are filing against) for guardianship cases list the child's father here</b>			
**Name:		Alias or Nickname:	
**Full Address (include apt# and zip code) :			
Phone (home): (     )     )	Phone (cell): (     )     )	Email address:	
**Date of Birth:     /     /	**Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Soc. Sec. No.:	
Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Native American <input type="checkbox"/> Asian / Pacific Islander		Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non – Hispanic	
Height:	Weight:	Eye Color:	Hair Color:
Skin Complexion: <input type="checkbox"/> Light <input type="checkbox"/> Medium <input type="checkbox"/> Dark		Tattoos / scars (location/description) _____	
Vehicle information: Make: _____ Model: _____ Year: _____ Color: _____			
Employer/School: (list name /address ) _____ Work School hours _____			

5) If you were you married to (one of) the Respondent(s) what was the date of the Marriage: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 What Country / State / County was the marriage held in? \_\_\_\_\_

5a) If you **were** married; are you now divorced from the Respondent? Yes No If yes, please provide the date and Country / State / County of the divorce: \_\_\_\_\_

5b) If you were **never** married to the Respondent, and one of the respondent's is the father of the child(ren), has paternity been established by hospital declaration or court order of filiation? Yes No If yes, please provide the Docket No. / Board of Health No.: \_\_\_\_\_ and County: \_\_\_\_\_

6) List all of the child(ren) that are the subject of your filing. If you are filing for an order of protection list all of the children under 18 living with you in your home. Please provide the child's current address and where the child has lived for the past two years.  I have no child(ren) and no other child(ren) live with me

Child #1's name	Date of Birth	Sex	Relation to the Respondent(s)
Child #1's current address			How long has child lived here?
			from / / to / /
Child#1's prior addresses for the past two years			How long did the child live there?
			from / / to / /
			from / / to / /
			from / / to / /
			from / / to / /

Child #2's name	Date of Birth	Sex	Relation to the Respondent(s)
Child #2's current address			How long has child lived here?
			from / / to / /
Child#2's prior addresses for the past two years			How long did the child live there?
			from / / to / /
			from / / to / /
			from / / to / /
			from / / to / /

Child #3's name	Date of Birth	Sex	Relation to the Respondent(s)
Child #3's current address			How long has child lived here?
			from / / to / /
Child#3's prior addresses for the past two years			How long did the child live there?
			from / / to / /
			from / / to / /
			from / / to / /
			from / / to / /

7) Are any of the children Native American Children subject to the Indian Child Welfare Act of 1978? Yes  No



**9) You have the right to ask the court to require the respondent to follow certain conditions of behavior. What would you ask the court to include in any order you may receive:**

- Exclude the Respondent from the place that you live
- Do not menace, harass or assault you or the children
- No contact with you or the children by others
- Do not interfere with your care and custody of child (ren)
- No e-mails, instant messaging, text messages or social media contact to you or the children
- No phone calls

**Stay away from:**  you  your home  your job  your school  your child (ren)  your child (ren) school

your child (ren) daycare  your pets  other places \_\_\_\_\_

other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**10) VIOLATION OF AN ORDER OF PROTECTION**

What date did you receive the Order of Protection that was violated: \_\_\_\_\_

What date was the Order of Protection violated: \_\_\_\_\_

Briefly describe what respondent did or threatened to do to you (or any other person protected by the order), please include time, place, physical injury (if any), medical treatment (if any), and if any weapons were involved; including household objects: if you need more room please use the add-on form

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**11) MODIFICATION OF AN ORDER OF PROTECTION**

What date did you receive the Order of Protection that you would like to modify: \_\_\_\_\_

Briefly describe HOW and WHY you would like to modify this Order of Protection: if you need more room please use the add-on form

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_