FORM 10.01-D: PETITION FOR DOMESTIC VIOLENCE CIVIL PROTECTION ORDER

	INTHE	COURT
		COUNTY, OHIO
Petitio		· Case No.
Petitio	ner	; Case No.
		. 1
		- 8
Addres	ss (Safe mailing address)	: Judge/Magistrate
		O 29 99
City, S	tate, Zip Code	· .
Date o	f Birth /	PETITION FOR DOMESTIC VIOLENCE CIVIL
		PROTECTION ORDER (R.C. 3113.31)
v.		₩ 177
		¥
Respo	ondent	₹ ^
X 38		
Addres	ss (If home address unknown, put work	
addres	ss)	
01.0	7-0-1-	- *
City, S	tate, Zip Code	
Data	of Birth / /	Respondent is 18 years old or older
Date 0	, bitti	Respondent is 16 years old of older
IF YO	U ARE ASKING FOR YOUR ADDRESS TO	O BE KEPT CONFIDENTIAL, PLEASE PUT A MAILING
		/E MAIL. IF YOU ARE A PARTICIPANT IN THE SECRETARY
	TATE'S ADDRESS CONFIDENTIALITY PR THIS FORM IS A PUBLIC RECORD.	ROGRAM, PLEASE USE THE P.O. BOX ADDRESS GIVEN TO
100.	THIO T OKIN IO AT OBLIC REGOKD.	
□ 1.		ge interpreter in or an
	American Sign Language interpreter per	Sup.R. 88.
□ 2.	I ☐ want ☐ do not want an ex parte (e	emergency) protection order per R.C. 3113.31. Petitioner
		eduled, even if the ex parte protection order is granted, denied,
	or not requested.	
□ 3.	Who needs protection?	
	☐ Me	
	My minor children	
	A family or household member who Other	is not a minor child
4.	What is the domestic violence victim's rel	
	 Spouse of Respondent 	☐ Child of Respondent
	Former spouse of Respondent	Parent of Respondent
	 Natural parent of Respondent's child 	d Foster Parent

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DATE OF BIRTH	RELATIONSHIP TO PETITIONER	RELATIONSHIP TO RESPONDENT	THIS PERSO LIVES WITH PETITIONER
			YES NO
			YES NO
	The League		1777
	and the second	No. 2 miles	2-0-10
	the state of the s	2-0-2-10-	
1	describe Respondent's th were present when the ac ximate dates). Explain wh	describe Respondent's threats or actions that made were present when the acts took place. When did ximate dates). Explain why you believe you or you	requests a Domestic Violence Civil Protection Order. describe Respondent's threats or actions that made you request a protection were present when the acts took place. When did it happen? (If you do not ximate dates). Explain why you believe you or your family or household mayou need more space, attach an additional page.

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7.	these	Optional) You may describe, if you want and know , about any of the following items. Not describing ese items in the Petition does not mean domestic violence did not happen. If you need more space, tach an additional page:					
		Respondent's history of domestic violence or other violent acts;					
		Respondent's history of violating court orders; Respondent's mental health;					
		Respondent's threats to other persons;					
		Respondent's access to deadly weapons, firearms, and ammunition or use of deadly weapons and acts or threats of violence with deadly weapon;					
		Respondent's abuse of alcohol or controlled substances (drugs); Respondent's violence resulted in serious physical injury, forced sex, strangulation (or choking),					
		abuse during pregnancy, abuse of the family's pet, and/or forced entry to gain access to					
		Petitioner or Petitioner's family and household members;					
		Recent separation from Respondent or relationship was recently terminated; Respondent's obsessive and controlling behaviors, including stalking, spying, following, and/or					
		isolating you (Petitioner);					
		Respondent's threats to kill self or others.					
	-						
	-						
8.	Petitio	oner is in fear and in continuing danger.					
9.	family	oner further requests that the Court grant relief under R.C. 3113.31 to protect Petitioner and/or the or household members named in this Petition from domestic violence by granting a civil protection 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 Petitioner and the family or household members named in this Petition.					
	∐ (d)	Directs Respondent to leave, not return to, or interfere with Petitioner's right to occupy the residence, including but not limited to cancelling any utilities or insurance or interrupting phone service, mail delivery, or the delivery of any other documents or items, and grants Petitioner exclusive possession of the following residence:					

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☐ (e)	Allocates temporary parental rights and responsibilities for the care of the following minor children to Petitioner until further Order of the Court (include names and birth dates of the minor children):				
	Petitioner has completed and attached the Information for Parenting Proceeding, Form 10.01-F and it is incorporated herein.				
☐ (f)	Establishes or modifies parenting time with the following minor children and requires parenting time to be suspended or supervised or to occur under such conditions that the Court determines will ensure the safety of Petitioner and the minor children (include names and birth dates of the minor children):				
	Petitioner has completed and attached the Information for Parenting Proceeding, Form 10.01-F and it is incorporated herein.				
☐ (g)	Directs Respondent to provide financial support for Petitioner and the family or household members named in this Petition (Court may request additional information).				
☐ (h)	Directs Respondent to not remove, damage, hide, harm, or dispose of any property, companion animals, or pets owned or possessed by Petitioner.				
□ (i)	Grants Petitioner permission to take Petitioner's companion animals or pets, as described below, away from the possession of Respondent:				
□ (j)	Divides household and family personal property as follows:				
☐ (k)	Directs Respondent to permit Petitioner to have exclusive use of the following motor vehicle:				
□ (I)	Directs Respondent to complete batterer counseling, substance abuse counseling, or other treatment or intervention as determined necessary by the Court.				
□ (m)	Directs the wireless service provider to separate Petitioner's account from Respondent's account, per R.C. 3113.45 through 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.				
	Respondent's billing telephone number is:				
	Petitioner's contact information is on page 1 of this Petition. The wireless service numbers to be transferred to Petitioner which are used by Petitioner or the minor children in the care of Petitioner are:				

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(n) Inclu	des the following addition	nal provisions:								
	 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. 									
	. 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).									
	 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. 									
service/CPS other legal r	13. Petitioner has listed court cases (including divorce, custody, visitation, paternity, child support, children service/CPS case, animal cruelty, sexually oriented offense, no contact order, and protection order) and other legal matters regarding Respondent that may relate to this case: (Attach additional pages, if necessary.)									
CASE NAME	CASE NUMBER	COURT/COUNTY	TYPE OF CASE	RESULT OF CASE						
knowingly providi	bove is true, complete, ng false information in could result in a jail se	this document may res	ult in a contempt of co	ourt finding						
SIGNATURE OF PI	ETITIONER	DATE								
IF YOU DO NOT HA	AVE AN ATTORNEY, PL	EASE LEAVE THE INF	ORMATION BELOW B	LANK.						
Signature of Attorne	РУ	Attorney	Attorney's Registration Number							
Name of Attorney		Attorney	Attorney's Telephone							
Attorney's Address		Attorney	Attorney's Fax							
City, State, Zip Cod	e	Attorney	Attorney's Email							

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IN THE COURT OF COMMON PLEAS

COUNTY, OHIO

Petitioner Case No. Judge/Magistrate V. 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): Certified Mail, Return Receipt Requested ☐ Personal service 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 Deputy Clerk Attest: