

IN THE COURT OF COMMON PLEAS

GREENE COUNTY, OHIO

<b>Petitioner</b>	:	<b>Case No.</b> _____
Address	:	<b>Judge/Magistrate</b> <u>HURLEY</u>
City, State, Zip Code	:	
Date of Birth: _____ / _____ / _____	:	
<b>v.</b>	:	<b>PETITION FOR CIVIL STALKING PROTECTION ORDER OR CIVIL SEXUALLY ORIENTED OFFENSE PROTECTION ORDER (R.C. 2903.214)</b>
<b>Respondent</b>	:	
Address	:	
City, State, Zip Code	:	
Date of Birth: _____ / _____ / _____	:	

**CHECK EVERY  THAT APPLIES. IF YOU ARE REQUESTING YOUR ADDRESS REMAIN CONFIDENTIAL, DO NOT WRITE YOUR ADDRESS ON THIS FORM. PLEASE PROVIDE ANOTHER MAILING ADDRESS WHERE YOU CAN SAFELY RECEIVE NOTICES FROM THE COURT. THIS FORM IS A PUBLIC RECORD.**

- 1. Petitioner seeks relief on Petitioner's own behalf.
- 2. Petitioner seeks relief on behalf of the following family or household members:

NAME	DATE OF BIRTH	HOW RELATED TO PETITIONER
	/ /	
	/ /	
	/ /	
	/ /	
	/ /	

Ohio law defines "Menacing by Stalking" as follows:

*"No person by engaging in a pattern of conduct shall knowingly cause another person to believe that the offender will cause physical harm to the other person or cause mental distress to the other person."* R.C. 2903.211(A)(1).

*"No person, through the use of any electronic method of remotely transferring information, including, but not limited to, any computer, computer network, computer program, or computer system, shall post a message with purpose to urge or incite another to commit a violation of division (A)(1) of this section (above)"* R.C. 2903.211(A)(2).

Ohio law defines "Sexually Oriented Offenses" in R.C 2950.01.

3. Petitioner states that Respondent has engaged in the following act(s) which create an immediate and present danger. For (a), (b), or (c) below, **attach additional pages if necessary**.

(a) For a civil stalking protection order due to menacing by stalking, describe the nature and extent of the pattern of conduct that causes you to believe that Respondent will cause you physical harm or causes (or has caused) mental distress. Also describe any previous convictions of Respondent for the crime of Menacing by Stalking, if known.

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(b) For a civil sexually oriented offense protection order due to a sexually oriented offense, describe the acts of Respondent as fully as possible. You do not need to include any pattern of conduct information for a protection order due to a sexually oriented offense.

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(c) For electronic monitoring of the Respondent, describe the nature and extent of the Respondent's conduct before the filing of this Petition that puts you or your family or household members' health, welfare, or safety at risk. Also describe how the Respondent presents a continuing danger to you or your family or household members.

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4. Petitioner requests the Court grant relief under R.C. 2903.214 for the Petitioner and the family or household members named in this Petition by granting a Civil Stalking Protection Order or Civil Sexually Oriented Offense Protection Order that:

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- (a) Requires Respondent to not abuse the Petitioner and the family or household members named in this Petition by harming, attempting to harm, threatening, following, stalking, harassing, contacting, forcing sexual relations upon them, or by committing sexually oriented offenses against them.
- (b) Requires Respondent to refrain from entering the residence, school, business, place of employment, child care providers, or day care centers of Petitioner and the family or household members named in this Petition, including the buildings, grounds, and parking lots at those locations.
- (c) Requires Respondent not to interfere with Petitioner's right to occupy the residence including, but not limited to canceling any utilities or insurance or interrupting phone service, mail delivery, or the delivery of any other documents or items.
- (d) Requires Respondent not to remove, damage, hide, or dispose of any property or pets owned or possessed by the Petitioner and Petitioner's family or household members named in this Petition.
- (e) Requires Respondent not to possess, use, carry, or obtain any deadly weapon.
- (f) Requires Respondent to be electronically monitored.
- (g) Includes the following additional provisions:

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- 5. Petitioner further requests that the Court issue an *ex parte* (emergency) protection order under R.C. 2903.214(D) and this Petition.
- 6. Petitioner further requests that the Court not issue any mutual protection orders or other orders against Petitioner unless all of the conditions of R.C. 2903.214(E)(3) are met.
- 7. 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. 2903.214(L).
- 8. Petitioner further requests that the Court grant such other relief as the Court considers equitable and fair.
- 9. The following is a list of all present and past court cases involving Respondent, that Petitioner knows of:

CASE NAME	CASE NUMBER	COURT/COUNTY	OUTCOME 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 falsifying this document may result in a contempt of court finding against me which could result in a jail sentence and fine, and that falsifying this document may also subject me to criminal penalties for perjury under R.C. 2921.11.

**DO NOT SIGN THIS FORM UNLESS YOU ARE IN FRONT OF THE PERSON WHO WILL NOTARIZE THE PETITION FOR YOU.**

\_\_\_\_\_  
**SIGNATURE OF PETITIONER**

Sworn to and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
**NOTARY PUBLIC**

**IF YOU ARE REQUESTING YOUR ADDRESS REMAIN CONFIDENTIAL, DO NOT WRITE YOUR ADDRESS ON THIS FORM. PLEASE PROVIDE ANOTHER MAILING ADDRESS WHERE YOU CAN SAFELY RECEIVE NOTICES FROM THE COURT. THIS FORM IS A PUBLIC RECORD.**

Petitioner's Safe Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Attorney for Petitioner (if applicable)

\_\_\_\_\_  
Name of Attorney (if applicable)

\_\_\_\_\_  
Attorney's Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Attorney's Registration Number

\_\_\_\_\_  
Attorney's Telephone

\_\_\_\_\_  
Attorney's Fax

\_\_\_\_\_  
Attorney's Email

**PLEASE FILL THIS OUT WITH PHYSICAL ADDRESS OF RESPONDENT.**

Case Number: \_\_\_\_\_

**REQUEST FOR SERVICE**

TO THE CLERK OF COURTS:

PLEASE REQUEST THE GREENE COUNTY SHERIFF TO PERSONALLY SERVE THE RESPONDENT WITH THE PETITION FOR RELIEF FROM STALKING AND ANY EXPARTE ORDERS.

You are instructed to make personal service upon the Respondent: \_\_\_\_\_

at: \_\_\_\_\_

(Address, city, state, zip) OR WHEREVER THEY MAY BE FOUND.

The best time of day to serve the Respondent at the above address is: \_\_\_\_\_

**MUST BE SAME COUNTY**

If the Respondent cannot be reached at the above address, you may be able to serve the

Respondent at: \_\_\_\_\_

(Address, city, state, zip)

Special Instructions for server:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Please sign your name.)

**CASE NAME:** \_\_\_\_\_ **CASE NO.:** \_\_\_\_\_

**RESPONDENT'S NAME:** \_\_\_\_\_  
(Last) (First) (MI.)

SSN \_\_\_\_\_ Height \_\_\_\_\_ Hair Color \_\_\_\_\_ Race \_\_\_\_\_

DOB \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_ Disabilities \_\_\_\_\_

**DISTINGUISHING MARKS, SCARS, TATTOOS:**

\_\_\_\_\_  
\_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**TELEPHONE NUMBERS:**

HOME \_\_\_\_\_ WORK \_\_\_\_\_

CELL \_\_\_\_\_

PAGER \_\_\_\_\_

**EMPLOYER:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

WORK DAYS: \_\_\_\_\_

WORK HOURS: \_\_\_\_\_

**VEHICLE:** Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_

**INTAKE SHEET**

(Please fill out all information even if it is confidential. This will not be filed)

CASE #: \_\_\_\_\_

**Petitioner's Name:** \_\_\_\_\_

**Address:** Confidential/not confidential (circle one):

\_\_\_\_\_

**Phone Number:** (H) \_\_\_\_\_ (W) \_\_\_\_\_

(C) \_\_\_\_\_ (Other) \_\_\_\_\_

**SSN:** \_\_\_\_\_ **Race:** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **Place of Work:** \_\_\_\_\_

**Emergency contact:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

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**Respondent's Name:** \_\_\_\_\_

**Phone Number:** (H) \_\_\_\_\_ (W) \_\_\_\_\_

(C) \_\_\_\_\_ (other) \_\_\_\_\_

**Race:** \_\_\_\_\_ **Place of Work:** \_\_\_\_\_

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Internal Use Only:

Petitioner's Attorney: \_\_\_\_\_ Respondent's Attorney \_\_\_\_\_

Magistrate/Judge: \_\_\_\_\_