

IN THE COURT OF COMMON PLEAS OF GREENE COUNTY, OHIO  
DOMESTIC RELATIONS DIVISION

Petitioner \_\_\_\_\_ : Case No. \_\_\_\_\_

\_\_\_\_\_ :

Address (Safe mailing address) \_\_\_\_\_ : Judge Martin

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

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ : PETITION FOR DOMESTIC VIOLENCE CIVIL PROTECTION ORDER (R.C. 3113.31)

v. \_\_\_\_\_ :

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

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

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

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_  Respondent is 18 years old or older

**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.**

- 1. I need or witness needs a foreign language interpreter in \_\_\_\_\_ or an American Sign Language interpreter per Sup.R. 88.
- 2. I  want  do not want an **ex parte (emergency) protection order** per R.C. 3113.31. Petitioner further requests a full hearing trial be scheduled, 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 is not a minor child
  - Other \_\_\_\_\_
- 4. What is the domestic violence victim's relationship to Respondent?
 

<input type="checkbox"/> Spouse of Respondent	<input type="checkbox"/> Child of Respondent
<input type="checkbox"/> Former spouse of Respondent	<input type="checkbox"/> Parent of Respondent
<input type="checkbox"/> Natural parent of Respondent's child	<input type="checkbox"/> Foster Parent

Other relative (by blood or marriage) of Respondent/ Petitioner who has lived with Respondent at any time

Person "living as a spouse of Respondent" is defined as:

- now cohabiting;
- or cohabited within five years before the alleged act of domestic violence

5. I have listed below all family or household members who need protection, other than me or the person for whom I am filing the Petition. **(Leave blank if you are not including other family or household members.)**

NAME	DATE OF BIRTH	RELATIONSHIP TO PETITIONER	RELATIONSHIP TO RESPONDENT	THIS PERSON LIVES WITH PETITIONER
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO

6. Petitioner requests a Domestic Violence Civil Protection Order.

You **must** describe Respondent's threats or actions that made you request a protection order, including if children were present when the acts took place. When did it happen? (If you do not know exact dates, give approximate dates). Explain why you believe you or your family or household members are in danger. **If you need more space, attach an additional page.**

7. (Optional) You may describe, **if you want and know**, about any of the following items. Not describing these items in the Petition does not mean domestic violence did not happen. If you need more space, attach 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 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. Petitioner is in fear and in continuing danger.

9. Petitioner further requests that the Court grant relief under R.C. 3113.31 to protect 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.

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(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):

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- 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):

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- 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:

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- (j) Divides household and family personal property as follows:

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- (k) Directs Respondent to permit Petitioner to have exclusive use of the following motor vehicle:

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- (l) 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 contract 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) Includes the following additional provisions:

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10. 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.
  11. 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).
  12. 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.
  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

The information above is true, complete, and accurate to the best of my knowledge. I understand that knowingly providing false information in this document may result in a contempt of court finding against me which could result in a jail sentence and fine, or criminal penalties under R.C. 2921.13.

\_\_\_\_\_  
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

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

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

**REQUEST FOR SERVICE**

TO THE CLERK OF COURTS:

PLEASE REQUEST THE GREENE (OR \_\_\_\_\_, \_\_\_\_\_) COUNTY SHERIFF TO PERSONALLY SERVE THE RESPONDENT WITH THE PETITION FOR RELIEF FROM DOMESTIC VIOLENCE 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 AS ABOVE ADDRESS**

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: \_\_\_\_\_