

IN THE _____ COURT OF _____, MISSISSIPPI

VS. _____ PETITIONER
CAUSE NO. _____

RESPONDENT

PETITION FOR DOMESTIC ABUSE PROTECTION ORDER

M.C.A. § 93-21-1 et seq.

Yes No PETITIONER REQUESTS EMERGENCY RELIEF

Paragraph 1

(a) Petitioner files this petition on behalf of the following person(s) who has/have been abused by Respondent:

Petitioner /Self

Name (last, first, middle): _____ Date of Birth (mm/dd/yyyy): _____

Sex:	Race:	Relationship to Respondent (must check at least one):	
<input type="checkbox"/> Male	<input type="checkbox"/> Asian or Pacific Islander	<input type="checkbox"/> Current or former spouse	<input type="checkbox"/> Currently living or formerly lived as spouse
<input type="checkbox"/> Female	<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Have child(ren) in common	<input type="checkbox"/> Current or former dating partner
	<input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Unknown	<input type="checkbox"/> Related by blood or marriage AND currently live or formerly lived together.	

Minor child(ren) and/or person(s) alleged to be incompetent.

Name (last, first, middle): _____ Date of Birth (mm/dd/yyyy): _____

Sex:	Race:	Relationship to Respondent (must check at least one):	
<input type="checkbox"/> Male	<input type="checkbox"/> Asian or Pacific Islander	<input type="checkbox"/> Current or former spouse	<input type="checkbox"/> Currently living or formerly lived as spouse
<input type="checkbox"/> Female	<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Have child(ren) in common	<input type="checkbox"/> Current or former dating partner
	<input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Unknown	<input type="checkbox"/> Related by blood or marriage AND currently live or formerly lived together.	

Additional persons listed on Supplemental Form #1 (SF1)

(b) Petitioner requests protection for the following other household member(s):

Name (last, first, middle): _____ Date of Birth (mm/dd/yyyy): _____

Sex:	Race:			
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Asian or Pacific Islander	<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Black	<input type="checkbox"/> White <input type="checkbox"/> Unknown

Name (last, first, middle): _____ Date of Birth (mm/dd/yyyy): _____

Sex:	Race:			
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Asian or Pacific Islander	<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Black	<input type="checkbox"/> White <input type="checkbox"/> Unknown

Additional persons listed on Supplemental Form #1 (SF1)

Paragraph 2

Petitioner requests his/her address remain confidential. (Disclosure of address would risk abuse of petitioner or petitioner's family or household members, or would reveal the location of a domestic violence shelter.)

Yes Address provided on Supplemental Form #2 (SF2)

No Address: _____ City: _____ State: _____ Zip: _____

Paragraph 3

Petitioner states that the alleged act(s) of abuse occurred in:

City: _____ County: _____ State: _____

Petitioner states that the respondent resides in:

City: _____ County: _____ State: _____

Paragraph 4

Respondent's Information

Name (last, first, middle): _____
Address 1: _____
Address 2: _____
City: _____ State: _____ Zip: _____ County: _____
Place of Employment: _____

Date of Birth (mm/dd/yyyy): _____
Weight: _____ lbs
Height: _____ ft _____ in
Sex: Male Female

Eye Color: Black Brown Green Maroon Pink Blue Gray Hazel Multicolored Unknown

Hair (Color/Type): Black Blond or Strawberry Blue Brown Gray or Partially Gray Green
 Orange Purple Red or Auburn Sandy White Unknown

Race: Asian / Pacific Islander American Indian / Alaskan Native Black White Unknown

Social Security Number (###-##-####): _____ - _____ - _____

Aliases (Other names the respondent is or has been known as.): _____

Driver License Number: _____

State: _____ Expiration Date (mm/dd/yyyy): _____

Distinguishing Features (tattoos, birth marks, scars, etc): _____

Paragraph 5

The Respondent abused the person(s) listed in Paragraph 1(a) by committing the following acts:

- Attempted to cause or intentionally, knowingly or recklessly caused bodily injury;
- Placed, by physical menace or threat, in fear of imminent serious bodily injury;
- Criminal sexual conduct against a minor;
- Stalking or cyber-stalking; or
- Sexual battery or rape.

Paragraph 6

The facts and circumstance of the alleged abuse are: _____

Additional Information provided on Supplemental Form #3 (SF3)

Yes No **Weapons were involved. If yes, type of Weapon:** _____

Paragraph 7

Yes No **A suit for divorce is pending.** If yes, where _____

Yes No **A divorce has been granted.** If yes, where _____
(If yes, a copy of the divorce decree must be provided to the court before the hearing on this petition.)

Paragraph 8

Yes No **The Respondent and _____, who is listed in Paragraph 1(a), have child(ren) in common**

Name (last, first, middle): _____ Date of Birth (mm/dd/yyyy): _____

Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race: <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Unknown	A court order for custody or visitation has been granted. <input type="checkbox"/> Yes (If yes, provide a copy to the court before the hearing on this petition.) <input type="checkbox"/> No
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Name (last, first, middle): _____ Date of Birth (mm/dd/yyyy): _____

Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race: <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Unknown	A court order for custody or visitation has been granted. <input type="checkbox"/> Yes (If yes, provide a copy to the court before the hearing on this petition.) <input type="checkbox"/> No
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Additional persons listed on Supplemental Form #4 (SF4)

Paragraph 9

Petitioner requests this Court to enter a Protection Order granting the following relief:

Prohibit the Respondent from abusing, harassing, stalking, following or threatening in any manner whatsoever, including by electronic means, the person(s) listed in Paragraph 1(a). This also includes the use, attempted use or threatened use of force or physical violence that would reasonably be expected to cause bodily injury.

Prohibit the Respondent from contact with the person(s) listed in Paragraph 1, either in person, by phone, electronic communication, or through a third party, except such contact as may be necessary for the purposes set forth below.

Prohibit the Respondent from going within a certain distance to the person(s) listed in Paragraph 1, with the following exceptions:

Exceptions to the contact and/or distance prohibition(s) should include:

- For purposes of exchanging the minor child(ren) for visitation;
- For medical emergencies involving the minor children;
- For special events involving the minor children as deemed appropriate by the Court; or
- Other (be specific): _____

Prohibit the Respondent from transferring or disposing of property which is mutually owned by the parties.

Authorize the Petitioner sole use of the residence located at: _____
to the exclusion of the Respondent by evicting Respondent.

Direct the appropriate law enforcement agency to assist the person(s) listed in Paragraph 1(a) in obtaining:

- Possession of the residence by evicting Respondent.
- Possession of personal clothing and other necessities belonging to the person(s) listed in Paragraph 1(a) from:
 - The shared residence
 - The respondent's residence
 - Other location _____

Require the Respondent to pay the costs of court in this matter.

Other relief deemed appropriate and necessary by the Court.

Paragraph 9 (Continued)

Do not check any of the following unless this petition is being filed in the Chancery or County Court.

- Award temporary custody and/or support of any minor child(ren) listed in paragraph 8.
- Establish a temporary visitation schedule for minor children listed in paragraph 8.
- Order Respondent to provide monetary support for Petitioner and/or any incompetent person listed in Paragraph 1(a).
- Order Respondent to pay restitution for losses suffered as a direct result of the abuse to the person(s) listed in Paragraph 1(a).

Paragraph 10

Please specify in detail if you have any petitions for protection pending in another court and/or have any protection orders (including emergency orders) currently in place against the Respondent identified in this Petition which are/were based on the same allegations of abuse contained herein.

_____.

_____.

_____.

I currently have no petitions pending and no orders issued against Respondent.

If you have a petition pending in another court against Respondent and/or another Court has issued a protection order (emergency, temporary, or final), please be prepared to provide this Court with a copy of the petition and any orders.

RESPECTFULLY SUBMITTED, this the ____ day of _____, 20____ .

Petitioner's Signature

STATE OF MISSISSIPPI
COUNTY/CITY OF _____

PERSONALLY CAME AND APPEARED BEFORE ME, the undersigned authority in and for the jurisdiction aforesaid, the within named _____, who, after being by me first duly sworn on oath, stated that the facts set out in the above and foregoing Petition are true and correct as therein stated.

SWORN TO AND SUBSCRIBED BEFORE ME, this the ____ day of _____, 20 ____.

My Commission Expires: _____

Notary Public/Court Clerk

Copies to: ____Court File ____Petitioner ____Law Enforcement Agency(ies) for service on Respondent with Summons

SUPPLEMENTAL FORM #1 (SF1)

PETITION FOR DOMESTIC ABUSE PROTECTION ORDER

Paragraphs 1(a) and (b) Continued

Supplement to Paragraph 1(a)

Petitioner files this petition on behalf of the following minor child(ren) and/or persons(s) alleged to be incompetent:

Name (last, first, middle): _____		Date of Birth (mm/dd/yyyy): _____	
Sex:	Race:	Relationship to Respondent (must check at least one):	
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Unknown	<input type="checkbox"/> Current or former spouse <input type="checkbox"/> Currently living or formerly lived as spouse <input type="checkbox"/> Have child(ren) in common <input type="checkbox"/> Current or former dating partner <input type="checkbox"/> Related by blood or marriage AND currently live or formerly lived together.	
Name (last, first, middle): _____		Date of Birth (mm/dd/yyyy): _____	
Sex:	Race:	Relationship to Respondent (must check at least one):	
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Unknown	<input type="checkbox"/> Current or former spouse <input type="checkbox"/> Currently living or formerly lived as spouse <input type="checkbox"/> Have child(ren) in common <input type="checkbox"/> Current or former dating partner <input type="checkbox"/> Related by blood or marriage AND currently live or formerly lived together.	
Name (last, first, middle): _____		Date of Birth (mm/dd/yyyy): _____	
Sex:	Race:	Relationship to Respondent (must check at least one):	
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Unknown	<input type="checkbox"/> Current or former spouse <input type="checkbox"/> Currently living or formerly lived as spouse <input type="checkbox"/> Have child(ren) in common <input type="checkbox"/> Current or former dating partner <input type="checkbox"/> Related by blood or marriage AND currently live or formerly lived together.	
Name (last, first, middle): _____		Date of Birth (mm/dd/yyyy): _____	
Sex:	Race:	Relationship to Respondent (must check at least one):	
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Unknown	<input type="checkbox"/> Current or former spouse <input type="checkbox"/> Currently living or formerly lived as spouse <input type="checkbox"/> Have child(ren) in common <input type="checkbox"/> Current or former dating partner <input type="checkbox"/> Related by blood or marriage AND currently live or formerly lived together.	

Supplement to Paragraph 1(b)

Petitioner requests protection for the following other household member(s):

Name (last, first, middle): _____		Date of Birth (mm/dd/yyyy): _____	
Sex:	Race:		
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Unknown		
Name (last, first, middle): _____		Date of Birth (mm/dd/yyyy): _____	
Sex:	Race:		
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Unknown		
Name (last, first, middle): _____		Date of Birth (mm/dd/yyyy): _____	
Sex:	Race:		
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Unknown		
Name (last, first, middle): _____		Date of Birth (mm/dd/yyyy): _____	
Sex:	Race:		
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Unknown		

SUPPLEMENTAL FORM #2 (SF2)
PETITION FOR DOMESTIC ABUSE PROTECTION ORDER
CONFIDENTIAL ADDRESS INFORMATION
Paragraph 2 Continued

Petitioner has requested his/her address remain confidential. *(Disclosure of address would risk abuse of petitioner or petitioner's family or household members, or would reveal the location of a domestic violence shelter.)*

Petitioner's Address

Name *(last, first, middle)*: _____

Address 1: _____

Address 2: _____

Petitioner's Home Phone Number: _____

Cell Phone Number: _____

Work Phone Number: _____

If filing on behalf of a minor or person alleged to be incompetent, does the minor/person incompetent reside with the petitioner?

Yes

No

Minor or person alleged to be incompetent's address:

Name *(last, first, middle)*: _____

Address 1: _____

Address 2: _____

§ 93-21-9(7) *If the petition states that the disclosure of the petitioner's address would risk abuse of the petitioner or any member of the petitioner's family or household, or would reveal the confidential address of a shelter for domestic violence victims, the petitioner's address may be omitted from the petition. If a petitioner's address has been omitted from the petition pursuant to this subsection and the address of the petitioner is necessary to determine jurisdiction or venue, the disclosure of such address shall be made orally and in camera. A nonpublic record containing the address and contact information of a petitioner shall be maintained by the court to be utilized for court purposes only.*

SUPPLEMENTAL FORM #4 (SF4)

PETITION FOR DOMESTIC ABUSE PROTECTION ORDER

Children in Common with Respondent

Paragraph 8 Continued

Name (last, first, middle): _____		Date of Birth (mm/dd/yyyy): _____
Sex:	Race:	A court order for custody or visitation has been granted.
<input type="checkbox"/> Male	<input type="checkbox"/> Asian or Pacific Islander	<input type="checkbox"/> Yes (If yes, provide a copy to the court before the hearing on this petition.)
<input type="checkbox"/> Female	<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> No
	<input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Unknown	

Name (last, first, middle): _____		Date of Birth (mm/dd/yyyy): _____
Sex:	Race:	A court order for custody or visitation has been granted.
<input type="checkbox"/> Male	<input type="checkbox"/> Asian or Pacific Islander	<input type="checkbox"/> Yes (If yes, provide a copy to the court before the hearing on this petition.)
<input type="checkbox"/> Female	<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> No
	<input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Unknown	

Name (last, first, middle): _____		Date of Birth (mm/dd/yyyy): _____
Sex:	Race:	A court order for custody or visitation has been granted.
<input type="checkbox"/> Male	<input type="checkbox"/> Asian or Pacific Islander	<input type="checkbox"/> Yes (If yes, provide a copy to the court before the hearing on this petition.)
<input type="checkbox"/> Female	<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> No
	<input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Unknown	

Name (last, first, middle): _____		Date of Birth (mm/dd/yyyy): _____
Sex:	Race:	A court order for custody or visitation has been granted.
<input type="checkbox"/> Male	<input type="checkbox"/> Asian or Pacific Islander	<input type="checkbox"/> Yes (If yes, provide a copy to the court before the hearing on this petition.)
<input type="checkbox"/> Female	<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> No
	<input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Unknown	

Name (last, first, middle): _____		Date of Birth (mm/dd/yyyy): _____
Sex:	Race:	A court order for custody or visitation has been granted.
<input type="checkbox"/> Male	<input type="checkbox"/> Asian or Pacific Islander	<input type="checkbox"/> Yes (If yes, provide a copy to the court before the hearing on this petition.)
<input type="checkbox"/> Female	<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> No
	<input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Unknown	

Name (last, first, middle): _____		Date of Birth (mm/dd/yyyy): _____
Sex:	Race:	A court order for custody or visitation has been granted.
<input type="checkbox"/> Male	<input type="checkbox"/> Asian or Pacific Islander	<input type="checkbox"/> Yes (If yes, provide a copy to the court before the hearing on this petition.)
<input type="checkbox"/> Female	<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> No
	<input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Unknown	