

# INSTRUCTIONS FOR COMPLETING A PETITION FOR PROTECTION FROM DOMESTIC ABUSE

*The following instructions are intended for use with the Petition for Protection from Domestic Abuse as sample of which is part of this guide. The actual form can be obtained on the Attorney General's website at [www.ago.state.ms.us](http://www.ago.state.ms.us). The instructions are for illustration and guidance purposes only, and are not to be used as a substitute for legal advice.*

## General Provisions:

1. Throughout this form, the person completing the form is referred to as the Petitioner. The alleged abuser, the person against whom the order is requested, is known as the Respondent.
2. Please fill out this form to the best of your knowledge. If you are unsure of any answers, please leave a blank, or write "unknown," or "not available" or "n/a." Do not make things up.
3. This form is a legal document and is prepared under oath. You must be truthful in completing this document. If the court finds that you have intentionally misrepresented any facts or intentionally made false statements in the document, you may be subject to punishment. You will be required to have this document notarized. Do not sign the petition until you are in the presence of the person who is going to notarize the document. Typically, court clerks have the authorization to notarize legal documents.

Yes

No

**PETITIONER REQUESTS EMERGENCY RELIEF**

Emergency relief is available if you are in immediate and present danger of abuse. Check YES if you would like to request emergency relief and NO if not. You are not required to request emergency relief, and should not do so if the danger of future abuse is not immediate and present.

## Paragraph 1

This is the section where you will provide information about yourself or other individuals on whose behalf you are asking for protection. There are two parts to Paragraph 1.

1. Paragraph 1(a) asks questions about you and other individuals who are victims of abuse from the Respondent for whom you are seeking protection.

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

If you are requesting protection on your own behalf, be sure to check the Petitioner/Self box.

1

**Petitioner /Self**

If you checked the Petitioner/Self box above, you must complete the information about yourself.

<b>Write or type your <u>name</u> in the blank provided.</b>		<b>Print legibly or type your date of birth (in the format indicated).</b>	
Name (last, first, middle): _____		Date of Birth (mm/dd/yyyy): _____	
<b>Sex:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Race:</b> <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	<b>Relationship to Respondent (must check at least one):</b> <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.	

**Next, check the appropriate box to indicate your sex, male or female.**

**In the box titled "Race," you should indicate your race. If your race is not listed or you are unsure of your race, check the "Unknown" box.**

**You must indicate your relationship to the Respondent in this box. You MUST select at least one relationship.**

The next section of paragraph 1(a) asks for information on any other individuals on whose behalf you are filing the petition. If there are other individuals being abused by the Respondent, please check the box.

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

If you have checked this box, you must then provide information on each individual for whom you are seeking protection. Follow the instructions provided above for the Petitioner section for each box in this section.

**Note:** Please list information for only **ONE** child and/or person alleged to be incompetent in this section. If you need additional space, please use the attached form labeled Supplemental Form #1 to add other people in the space marked "Supplement to Paragraph 1(a)." Follow the same instruction to complete the information on each person. Be sure to check the box if you choose to use Supplemental Form #1 (SF1).

**Additional persons listed on Supplemental Form #1 (SF1)**

- Paragraph 1(b) asks about other household members with whom the Respondent should not have contact. These are individuals who live in your household, who have not been abused by the Respondent, but who may be in danger from Respondent due to their relationship to you and/or because they live with you. These people may include children, other family members who reside with you, or a spouse or someone with whom you live as a spouse or their children.

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

If there are no other household members for whom this would be applicable, leave this section blank or cross through it. For each person listed, provide the information as requested.

Write or type the name of the individual in the blank provided.

Print legibly or type the person's date of birth (in the format indicated).

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

Next, check the appropriate box to indicate the sex of the other person to be protected.

In the box titled "Race," you should indicate the race of the other person to be protected. If the correct race is not listed or you are unsure of the race, check the "Unknown" box.

**Note:** There are spaces for only **TWO** household member(s) in this section. If you need additional space, please use the attached form labeled Supplemental Form #1 to add other people in the space marked "Supplement to Paragraph 1(b)." Follow the same instruction to complete the information on each person. Be sure to check the box if you choose to use Supplemental Form #1 (SF1).

**Paragraph 2**

This section requests your address information. However, if disclosing your physical address would risk further abuse to yourself, family or household members, or if you are residing in a domestic abuse shelter, you are not required to list your address. If any of these are true, **PLEASE** check the box for **YES**. Otherwise, check the **NO** box and list your physical address, including street number, city or town, and zip code, on the line provided.

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

**Note:** If you checked YES, please list your address on the form labeled Supplemental Form #2 (SF2). Listing your address on this form will ensure that it is kept private by the court clerk, and will not be disclosed to the Respondent (abuser). When filing your petition with the court clerk, make the clerk aware that you have filled out the SF2 requesting that your address remain confidential.

### Paragraph 3

Paragraph 3 is where you will provide important information regarding the location of the alleged abusive acts and the location of the person who committed those acts (the Respondent). This allows the court to make sure that your Petition has been or is being filed in the correct place.

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

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

Petitioner states that the respondent resides in:

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

Please list the location (city, county, state) where the alleged acts occurred. If the alleged acts occurred in several different locations, list the location where the alleged acts occurred most recently or most often. It is not necessary to give an address at this point. Next, list the location (city, county, state) of the Respondent's (abuser's) residence. This may differ from the location that Respondent is currently and temporarily staying.

### Paragraph 4

Paragraph 4 is where you will be asked to provide information about the Respondent (abuser). Please complete this section as fully as possible – the more information you are able to provide, the easier it will be for the Respondent to be served. Also, if a DAPO is issued, this information will make it easier for law enforcement to enforce your order.

Name (*last, first, middle*): \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Place of Employment \_\_\_\_\_

In the first section, write the Respondent's name, and most recent address. Please be sure to include the city, county, state and zip code. Also, if the Respondent is employed, indicate the place of employment.

Date of Birth(mm/dd/yyyy): \_\_\_\_\_

Write the Respondent’s date of birth here. For example, if born on March 1, 1965, the date of birth should be recorded as 03/01/1965. If you are unsure of the date of birth you may write unknown.

Write the Respondent’s weight and height here. If you are unsure of the Respondent’s weight or height, write unknown.

Weight: \_\_\_\_\_ lbs  
Height: \_\_\_\_\_ ft \_\_\_\_\_ in

You are also asked to indicate the Respondent’s gender (sex). Check the correct box beside “Male” or “Female.”

Sex:  Male  Female

The next large section of Paragraph 4 asks for the Respondent’s Eye Color, Hair (Color/Type) and Race.

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

Select the choice for eye color and hair color which best describes the Respondent. For race, please select the Respondent’s race. If the correct race is not listed or you are unsure of the race, check the “Unknown” box.

Write the Respondent’s Social Security Number in the space provided. Please be sure to use the specified format (###-##-####). If you do not know the Respondent’s Social Security Number, do not guess. Please write “unknown” or leave this space blank.

Social Security Number (###-##-####): \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Write the Respondent’s Driver License Number in the space provided here.

Driver License Number: \_\_\_\_\_  
State: \_\_\_\_\_ Expiration Date (mm/dd/yyyy): \_\_\_\_\_

Be sure to complete the sections for the State and Expiration Date of the Respondent’s Driver License Number. If you are unsure of the Respondent’s Driver License Number, please write “unknown” or leave this section blank.

Please list any names, like nicknames, that the Respondent may go by or is called in this section.

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

Under the section titled Distinguishing Features, please list any scars, marks, piercings, tattoos, etc., on Respondent's body that will help identify him or her.

Distinguishing Features (*tattoos, birth marks, scars, etc.*):

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### Paragraph 5

Paragraph 5 is the place for you to indicate the type of abuse that occurred. Please check all of the boxes that apply here regarding the alleged acts that Respondent committed against the person(s) listed in Paragraph 1(a). **Remember**, you and/or other people who are being abused by the Respondent are listed in Paragraph 1(a).

**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

Paragraph 6 gives you the opportunity to describe the type abuse that you checked in Paragraph 5. Provide in as much detail as possible the facts of the alleged abuse. Give specifics such as date, location and time, if you are able to do so.

**The facts and circumstance of the alleged abuse are:** \_\_\_\_\_

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If you need additional space, you may continue by using Supplemental Form #3 (SF3). Be sure to check the box if you choose to use Supplemental Form #3 (SF3). Be prepared to testify in court regarding the allegations of abuse. The Respondent has a right to be in the courtroom and will hear your testimony.

Additional Information provided on Supplemental Form #3 (SF3)

Answer the question regarding whether any weapons were involved. Check YES or NO to indicate whether the abuser used or displayed any weapons.

Yes  No **Weapons were involved. Type of Weapon:** \_\_\_\_\_

**What qualifies as a weapon?** A weapon can be any item which is used to harm you or family members. This may include a gun or knife, but may also include other household items, such as a baseball bat, a cast iron skillet, an extension cord, a chair, lamp, or other piece of furniture. This list is for illustration purposes only, and other things may constitute a weapon. If your abuser used or displayed an item that you believe was a weapon, check YES in this section and specify the type of weapon used in the blank provided.

### Paragraph 7

Paragraph 7 establishes the marital status between you (or the incompetent person on whose behalf you are filing the petition) and the Respondent. This section relates **ONLY** to the situation involving the abused person and the Respondent (abuser). It does **NOT** relate to any previous marriages that either person may have had with someone else. If you or the person on whose behalf the petition is being filed are **NOT** married to the Respondent and **NEVER** have been please check the box next to **NO** for each question and continue to Paragraph 8.

If there is a divorce pending, check the box next to YES and write where it is filed (city/county/state).

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

If you, or the person on whose behalf you are filing this petition, and the Respondent (abuser) are currently divorced from each other, check the box next to YES and write where (city, county, state) the divorce was granted.

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.)*

If **YES** is selected, you **MUST** provide a copy of the divorce decree before the hearing on this petition. If you do not have one, a copy of the divorce decree can be obtained from the court where the divorce was granted. The copy does not need to be certified.

## Paragraph 8

This section asks for information regarding any children the Respondent has in common with the person(s) listed as abused in Paragraph 1(a). Most often, this will be you, the Petitioner. If Respondent does not have any children in common with the person(s) listed in Paragraph 1(a), please check the box for **NO** and go to **Paragraph 9**. If Respondent does have any children in common with a person(s) listed in Paragraph 1(a), please check the box for **YES** and write the appropriate name in the space provided.

<input type="checkbox"/> Yes <input type="checkbox"/> No   The Respondent and _____, who is listed in Paragraph 1(a), have a child (children) in common.
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You will next proceed to fill in the information for any children) that you (or the abused person) have in common with the Respondent.

**Write or type the child's name in the blank provided.**

**Write or type the child's date of birth (in the format indicated).**

Name <i>(last, first, middle)</i> : _____	Date of Birth <i>(mm/dd/yyyy)</i> : _____
<b>Sex:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Race:</b> <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 <i>(If yes, provide a copy to the court before the hearing on this petition.)</i> <input type="checkbox"/> No	

**Check the appropriate boxes under Sex and Race for the child.**

**If a court order for custody or visitation has been granted for the child that you have in common with the Respondent, check the box for YES. You MUST provide the court with a copy of the order. If no court order has been granted, check the box for NO.**

Space is provided to list information for only **TWO** child(ren) . If you need additional space, please use the attached form labeled Supplemental Form #4 (SF4).

Be sure to check the box if you choose to use Supplemental Form #4 (SF4). Follow the same instructions as are provided above to complete the information on each person.

<input type="checkbox"/> Additional persons listed on Supplemental Form #4 (SF4)
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## Paragraph 9

In Paragraph 9, you will make your **SPECIFIC** requests to the court. It is very important that you **READ** each provision in order to ensure you are making the correct requests to the court as this will determine what goes on your protection order. Please be sure to fill in any blanks next to each box that you check. You are entitled to request as many or as few of these protections as you want to. You do not have to check all of them. The different options available to you are:

If you want the court to instruct the Respondent to stop abusing, harassing, stalking, following or threatening you or any other person(s) listed in Paragraph 1(a), you should check this box.

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.

If you want the court to instruct the Respondent not to contact you or other persons listed in Paragraph 1(a) or 1(b) in any way (by phone, cell-phone, text message, e-mail, through third parties, sending notes, etc., you should check the first box. If you want the court to require the Respondent to stay a certain distance away from you or other persons listed in Paragraph 1(a) or 1(b), you should check the second box. If there are any reasons why you may want an exception to these prohibitions, let the court know by checking one of the bottom boxes. Good reasons may include allowing both parents to be present for medical emergencies for children, or for visitation exchange. You do not have to request any exceptions.

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): \_\_\_\_\_

If you, or the person on whose behalf the petition is filed, and the Respondent have any jointly held property (like a bank account, a car, a boat, an ATV, or real property), you can ask the court to prohibit the Respondent from selling or giving away that property. You should list any property that you want protected in this way and attach that list to this petition.

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

If you or other person listed in Paragraph 1(a) and the Respondent live together, and you want the court to specifically allow you or the other person in 1(a) to remain in the residence, to the exclusion of the Respondent, you should check this box and list the address of the residence in question. It does not matter if it is a house, a mobile home or an apartment. If the court grants this relief, the DAPO will require the Respondent to temporarily move out of the residence. This provision does not authorize the transfer of title of real property, only temporary possession. Please be aware that by checking this box, you must reveal the location of the residence. This means you cannot choose to keep your address confidential (as permitted in Paragraph 2) and also request temporary use of the residence to the exclusion of the Respondent.

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

You may request the court to instruct law enforcement (police department or sheriff's department) to assist you. If you have asked the court to grant you temporary possession of the residence, you should complete this section and ask the court to instruct law enforcement to assist you in taking possession. Even if you are not requesting temporary possession of the residence, you may want to ask for a law enforcement escort to the residence, if you plan to return to the residence to get your belongings. If so, you should check that box, and list the address to which you need an escort.

- 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

Although you will not be required to pay any filing fees or other costs when you file your petition, the court can require the Respondent to pay those costs, if the DAPO is issued. Be sure to check this box.

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

The court has the authority, based on the evidence presented, to award other relief that has not been specifically listed. Be sure to check this box.

Other relief deemed appropriate and necessary by the Court.

**The following selections apply ONLY if the petition is being filed in Chancery or County Court.**

If this is being filed in Chancery or County Court, you may request certain additional protections. If you or other abused person listed in Paragraph 1(a) have children in common with the Respondent, you may request the court establish temporary custody, visitation and/or support for those children. **NOTE: Temporary custody, visitation, or support provisions in a DAPO are good for only 180 days.** You can also request financial support for yourself or an incompetent person on whose behalf you are asking for protection, or for the Respondent to pay restitution for out-of-pocket expense suffered as a result of the abuse, which may include attorney's fees, medical bills, loss of earnings. If you request this relief, be prepared to bring proof of your losses to the hearing. Boxes that DO NOT apply to you should be left blank.

- 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**

In Paragraph 10, please specify in detail for the court whether you have filed a petition for a DAPO or received a DAPO against the Respondent in any court based upon the same allegations of abuse. You should be as detailed as possible so that the judge will have the best information about what has happened already. There are lines available for you to describe any previous petitions and/or orders. If you have filed a petition and/or any orders have been issued, please list in what court. If you have any hearings that are pending, please indicate the date, time and location. If you have a petition pending in another court against Respondent and/or another court has issued a protection order (emergency, temporary, or final), you should be prepared to provide this court with a copy of the petition and any orders. There is also a space for you to check if you have no petitions pending and no orders issued against Respondent.

### **Signature and Notary**

The final step in completing the Petition is to sign it and have it notarized. There are several places in which you can find a public notary. Many times someone in the court clerk's office is a notary public. You may also find a public notary in many banks and the post office depending on your location. Below the signature, there is a section for the notary to complete. **DO NOT** complete any part of this section, leave it for the notary.

At this time, you have completed the Petition for Protection from Domestic Abuse. You must file this Petition in the proper court (as outlined in the FAQs). The judge will consider any requests for emergency protection and the matter will be set for a hearing.