

	:	IN THE COURT of COMMON PLEAS
	:	COUNTY, PENNSYLVANIA
	:	
	:	
_____	:	
Plaintiff	:	
	:	
	:	No.
v.	:	
	:	
	:	CIVIL ACTION - LAW
	:	PROTECTION FROM ABUSE
	:	
_____	:	
Defendant	:	

PETITION FOR PROTECTION FROM ABUSE

1. Plaintiff's name is: _____

Plaintiff's date of birth: _____

2. I am filing this Petition on behalf of:

_____ Myself and/or _____ Another Person

If you checked "myself," please answer all questions referring to yourself as "Plaintiff".

If you ONLY checked "another person," please answer all questions referring to that person as the "Plaintiff," and provide your name and address here, as filer, unless confidential.

Filer's Name: (only if not the Plaintiff)
 _____ Filer's address is confidential

or

_____ Filer's address is: Address: _____

If you checked "Another Person", indicate your relationship with Plaintiff:

(Check all that apply)

- Parent of minor Plaintiff(s)
- Applicant for appointment as guardian ad litem of minor Plaintiff(s)
- Adult household member with minor Plaintiff(s)
- Court appointed guardian of incompetent Plaintiff(s)

3. Name(s) of ALL person(s), including minor children, who seek protection from abuse.
(Note: You do NOT need to enter the Plaintiff's name again.)

Name of Person 1. _____

- This is a child of BOTH the Plaintiff and the Defendant.
- This is a minor child living with the Plaintiff, but whose parents are NOT BOTH the Plaintiff & Defendant.
- Neither of the above.
- This is a minor child, and the Plaintiff is requesting custody.

Name of Person 2. _____

- This is a child of BOTH the Plaintiff and the Defendant.
- This is a minor child living with the Plaintiff, but whose parents are NOT BOTH the Plaintiff & Defendant.
- Neither of the above.
- This is a minor child, and the Plaintiff is requesting custody.

Name of Person 3. _____

- This is a child of BOTH the Plaintiff and the Defendant.
- This is a minor child living with the Plaintiff, but whose parents are NOT BOTH the Plaintiff & Defendant.
- Neither of the above.
- This is a minor child, and the Plaintiff is requesting custody.

Name of Person 4. _____

- This is a child of BOTH the Plaintiff and the Defendant.
- This is a minor child living with the Plaintiff, but whose parents are NOT BOTH the Plaintiff & Defendant.
- Neither of the above.
- This is a minor child, and the Plaintiff is requesting custody.

4. Plaintiff's Address:

Plaintiff's address is confidential

or

Plaintiff's address is: _____

5. Defendant Information:

Defendant's Name is: _____

Defendant's address is unknown.

or

Defendant is believed to live at the following address:

Defendant's Social Security Number (if known) is: _____ - _____ - _____

Defendant's Date of Birth is: _____

Defendant's Place of Employment is: _____

Check here if you have reason to believe that Defendant is a licensed firearms dealer or is employed in a profession that requires Defendant to handle firearms or to carry a firearm as a condition of employment.

Is the Defendant 17 years old or younger:

Yes

No

Don't Know

6. Indicate the relationship between the Plaintiff and the Defendant:

Spouse

Current or former sexual/intimate partner

Brother / Sister

Ex-spouse

Parent / Child Persons who live or have lived like spouses

Parents of the same children

Other relationship by blood or marriage: _____
(If "other", please specify:)

7. Have the Plaintiff and the Defendant been involved in any of the following court actions?
(Check all that apply)

Divorce Custody Support Protection from Abuse

If you checked any of the above, briefly indicate when and where the case was filed, and the court number, if known:

8. Has the Defendant been involved in any criminal court action?

Yes No Don't know

If you answered Yes, is the defendant currently on probation or parole?

Yes No Don't know

If you answered Yes, is it County and/or State probation/parole?

County probation/parole: (list counties/states of county probation/parole)

State probation/parole: (list states of state probation/parole)

9. Plaintiff and Defendant are the parents of the following minor child/ren:

Name of Child 1. _____

Child's address is confidential

or

_____ Child's current address is: _____

Child's Age: _____

Name of Child 2. _____

_____ Child's address is confidential

or

_____ Child's current address is: _____

Child's Age: _____

Name of Child 3. _____

_____ Child's address is confidential

or

_____ Child's current address is: _____

Child's Age: _____

Name of Child 4. _____

_____ Child's address is confidential

or

_____ Child's current address is: _____

Child's Age: _____

10. If Plaintiff and Defendant are parents of any minor child/ren together, is there an existing court order regarding their custody?

___ Yes ___ No ___ Don't know

If you answered “yes”, describe the terms of the order (e.g., primary, shared, Legal and/or physical custody):

(Please be sure to indicate which terms of the order apply to which children.)

If you answered “yes”, in what county and state was the order issued?

County: _____ State: _____

If you are now seeking an Order of child custody as part of this petition, list the following information:

(a) Where has each child resided during the past five years? (Please include the Child’s name, person(s) child lived with, address unless confidential, and when.)

Child 1.

Child 2.

Child 3.

Child 4.

(b) List any other persons who are known to have or claim a right to custody of each child listed above.

Name of Person 1. _____

_____ This person’s address is confidential

or

_____ This person's address is: _____

Indicate the basis of this person's claim, and for which child/ren it applies in the space below.

Name of Person 2. _____

_____ This person's address is confidential

or

_____ This person's address is: _____

Indicate the basis of this person's claim, and for which child/ren it applies in the space below.

11. The following other minor child/ren presently live with Plaintiff:

Name of Child 1. _____

Child's Age: _____ Plaintiff's relationship to this child: _____

Name of Child 2. _____

Child's Age: _____ Plaintiff's relationship to this child: _____

Name of Child 3. _____

Child's Age: _____ Plaintiff's relationship to this child: _____

Name of Child 4. _____

Child's Age: _____ Plaintiff's relationship to this child: _____

12. The facts of the most recent incident of abuse are as follows:

Approximate Date:

Approximate Time:

Place:

Describe in detail what happened, including any physical or sexual abuse, threats, injury, incidents of stalking, medical treatment sought, and/or calls to law enforcement.

13. If the Defendant has committed prior acts of abuse against Plaintiff or the minor child/ren, describe these prior incidents, including any threats, injuries, or incidents of stalking, and indicate approximately when such acts of abuse occurred.

14. (a) Has Defendant used or threatened to use any firearms or other weapons against Plaintiff or the minor child/ren?

_____ Yes _____ No

If so, please describe:

(b) To the best of your knowledge or belief, does Defendant own or possess any firearm, other weapon, ammunition or any firearm license?

_____ Yes _____ No

(c) If the answer to (b) above is “Yes”, list any firearm, other weapon or ammunition owned by or in the possession of Defendant that you would like the court to order Defendant to relinquish on Attachment A, which is incorporated by reference into this petition.

If the answer to (b) above is “Yes”, please complete Attachment A.

15. List the police departments or law enforcement agencies that should be provided with a copy of the protection order:

16. There is an immediate and present danger of further abuse from the Defendant.

CHECK THE FOLLOWING BOXES ONLY IF THEY APPLY TO YOUR CASE AND PROVIDE THE REQUESTED INFORMATION.

___ Plaintiff is asking the court to evict and exclude the Defendant from the following residence:

_____ owned by (list owners, if known): _____

_____ rented by (list all names, if known): _____

___ Defendant owes a duty of support to Plaintiff and/or the minor child/ren:

___ Plaintiff has suffered out-of-pocket financial losses as a result of the abuse described above. Those losses are:

FOR THE REASONS SET FORTH ABOVE, I REQUEST THAT THE COURT ENTER A TEMPORARY ORDER, and AFTER HEARING, A FINAL ORDER THAT WOULD DO THE FOLLOWING (CHECK ALL FORMS OF RELIEF REQUESTED)

___ A. Restrain Defendant from abusing, threatening, harassing, or stalking Plaintiff and/or minor child/ren in any place where Plaintiff may be found.

___ B. Evict/exclude Defendant from Plaintiff's residence and prohibit Defendant from attempting to enter any temporary or permanent residence of the Plaintiff.

___ C. Require Defendant to provide Plaintiff and/or minor child/ren with other suitable housing.

___ D. Award Plaintiff temporary custody of the minor child/ren and place the following restrictions on contact between Defendant and child/ren:

___ E. Prohibit Defendant from having any contact with Plaintiff and/or minor child/ren, either in person, by telephone, or in writing, personally or through third persons, including but not limited to any contact at Plaintiff's school, business, or place of employment, except as the court may find necessary with respect to partial custody and/or visitation with the minor child/ren.

___ F. Prohibit Defendant from having any contact with Plaintiff's relatives and Plaintiff's children listed in this petition, except as the court may find necessary with respect to partial custody and/or visitation with the minor child/ren.

___ G. Order Defendant to temporarily relinquish any firearm, other weapon, ammunition and any firearm license to the sheriff of this county and prohibit Defendant from transferring, acquiring, or possessing any firearm, other weapon, ammunition or any firearm license for the duration of the order.

___ H. Order Defendant to pay temporary support to Plaintiff and/or the minor child/ren, including medical support and payment of the rent or mortgage on the residence.

_____ I. Direct Defendant to pay Plaintiff for the reasonable financial losses suffered as the result of the abuse, to be determined at the hearing.

_____ J. Order Defendant to pay the costs of this action, including filing and service fees.

_____ K. Order Defendant to pay Plaintiff's reasonable attorney's fees.

_____ L. Order the following additional relief, not listed above:

_____ M. Grant such other relief as the court deems appropriate.

_____ N. Order the police or other law enforcement agency to serve the Defendant with a copy of this Petition, any Order issued, and the Order for Hearing. The petitioner will inform the designated authority of any addresses, other than the Defendant's residence, where Defendant can be served.

Respectfully submitted by/prepared by: _____
Preparer/Submitter's name

VERIFICATION

I verify that I am the petitioner as designated in the present action and that the facts and statements contained in the above Petition are true and correct to the best of my knowledge. I understand that any false statements are made subject to the Penalties of 18 Pa. C.S. § 4904, relating to unsworn falsification to authorities.

Signature

Date

		: IN THE COURT OF COMMON PLEAS
Plaintiff		: OF _____ COUNTY,
		: PENNSYLVANIA
		:
		:
v.		:
		:
		:
		:
		:
		: No. _____
Defendant		:

PETITIONER’S ATTACHMENT A

FIREARMS, OTHER WEAPONS AND AMMUNITION INVENTORY

I, _____, Plaintiff in this Protection from Abuse Action, hereby request the Court order Defendant to relinquish the following firearms, other weapons, ammunition, and firearm licenses to the sheriff:

	Weapon	Location
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____

And all other firearms, other weapons, ammunition, and firearm licenses. (Check the box if this applies.)

I believe the above items are located at: (List all relevant addresses where they may be found.)

This Attachment A provides a list of firearms, other weapons, ammunition, and firearm licenses which the court is directing Defendant to relinquish. This list may not be identical to Attachment A of the Petitioner's Protection From Abuse Petition. (Check the box if this applies.)

Additional Notes:

Name: _____

Date: _____

NOTICE: This attachment will be withheld from public inspection in accordance with 23 Pa. C.S.A. § 6108 (a)(7)(v).

PSP Data Sheet Information

Defendant Information: _____

First Middle Last Suffix (Jr, Sr,)

Defendant's Alias: _____

Defendant's Sex: Male / Female Home Phone: _____

Defendant's Race: Caucasian / African American / Hispanic / Latino /
Asian American / Pacific Islander / Other _____

Defendant's Date of Birth: _____ Age: _____
Month Day Year (20__)

Defendant's Address (if known): _____

City/State/Zip _____

Defendant's State of Birth: _____

Defendant's Skin Tone: Fair / Light / Medium / Dark / Other _____

Defendant's Height (approx.): _____ Defendant's Weight (in pounds): _____

Defendant's Eye Color: _____ Defendant's Hair Color: _____

Defendant's Scars, Marks, Tattoos: _____

Defendant's Social Security Number: _____

FBI Number: _____

Defendant's Miscellaneous Number: _____

Defendant Spends Time (Bars, Friends, etc.): _____

Defendant's Operator's License Number: _____

Defendant's Operator's License State: _____ Operator's License Year: _____

Defendant's Vehicle Registration Number: _____

Defendant's Vehicle Registration State: _____

Defendant's Vehicle Registration Year: _____

Defendant's Vehicle Registration Type: _____

Defendant's Vehicle Identification Number: _____

Defendant's Vehicle Year: _____

Vehicle Model: _____

Defendant's Vehicle Style: _____

First Color of Vehicle: _____

Second Color of Vehicle: _____

Miscellaneous Information (vehicle):

Defendant's Place of Employment: _____

Employer's Address: _____

City / State / Zip Code

Employer's Telephone Number: _____ Shift worked _____

Does Defendant have access to any weapons? Yes / No

Is this an eviction? Yes / No Hearing Date: _____

Plaintiff Information:

First Middle Last Suffix (Jr, Sr, etc.)

Sex: Male / Female Race: Caucasian / African American / Hispanic / Latino /
Asian American / Pacific Islander / Other _____

Date of Birth: ____/____/____

Plaintiff Telephone Number: _____

____ Address is **confidential**

Address is: _____

City / State / Zip Code

Attorney Name: _____ Phone No.: _____

Other Protected Person(s):

1. _____
First Middle Last Suffix (Jr, Sr, etc.)

Sex: Male / Female Race: Caucasian / African American / Hispanic / Latino /
Asian American / Pacific Islander / Other _____

Date of Birth: ____/____/____

Telephone Number: _____

_____ Same Address of Person Above

Address: _____
City / State / Zip Code

2. _____
First Middle Last Suffix (Jr, Sr, etc.)

Sex: Male / Female Race: Caucasian / African American / Hispanic / Latino /
Asian American / Pacific Islander / Other _____

Date of Birth: ____/____/____

Telephone Number: _____

_____ Address is same as the Person above.

Address: _____
City / State / Zip Code

PLEASE PRINT

Please check one of the following options and provide the requested information below.

_____ I would like a Domestic Violence Advocate to contact me at the times and days noted below to discuss safety planning, provide options counseling, and/or provide accompaniment and referrals to other community services.

THESE SERVICES ARE FREE OF CHARGE AND STRICTLY CONFIDENTIAL.

Please Note: A DVSC Advocate will NOT identify herself to anyone or release any information about you or your situation without your permission.

You may also contact the DVSC Hotline at any time by calling (570) 823-7312 or 1-800-424-5600.

_____ I do not want a Domestic Violence Advocate to contact me at this time.
I understand I may contact DVSC any time by calling (570) 823-7312 or 1-800-424-5600.

Name: _____ Date of Birth: ____ / ____ / ____

Address: _____

Telephone: _____ Home: _____ Work: _____ Other _____

What are the best times and days for a DVSC Advocate to contact you?

Is it ok to leave a message? _____ Yes _____ No With whom? _____

Signature: _____ Date: ____ / ____ / ____

Defendant's Name: _____

IMPORTANT: Counselor/Advocates are not permitted to respond to referrals that are not signed.

Please double check the information you provided.

This form may be faxed to the Domestic Violence Service Center at (570) 823-3167