

	:	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.)

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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:

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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:

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\_\_\_\_\_ 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

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

**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:

	<b>Weapon</b>	<b>Location</b>
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.)

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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:

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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\_\_)

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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: \_\_\_\_\_

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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