

RESTRAINING ORDER QUESTIONNAIRE

You have been asked to complete this questionnaire because you have retained the firm's services to represent you in addressing unwanted behavior by someone towards you.

In some instances this is physically or sexually assaultive behavior, behavior that leaves you in fear of bodily harm, or other domestic abuse. "Domestic abuse" means the following, if committed against a family or household member by a family or household member: (1) physical harm, bodily injury, or assault; (2) the infliction of fear of imminent physical harm, bodily injury, or assault; or (3) terroristic threats, criminal sexual conduct, or interference with an emergency call.

In other instances the behavior is harassment or other unwanted contact. "Harassment" includes: (1) a single incident of physical or sexual assault or repeated incidents of intrusive or unwanted acts, words, or gestures that have a substantial adverse effect or are intended to have a substantial adverse effect on the safety, security, or privacy of another, regardless of the relationship between the actor and the intended target.

Note that this questionnaire is used for all of the firm's work in these matters where the end result may be a restraining order. However just because pursuit of a court order is a final possibility does not mean that by completing this questionnaire we will necessarily file for a court order. In some instances a telephone call, a letter, or other recourse will achieve your goal(s).

Please know that in accordance with the discussions you have had with the firm that no calls, letters, or petitions for restraining orders (domestic abuse or harassment) will be sent out without your knowledge.

Please make sure that all of the information you enter is truthful.

Attach extra pages where the space provided is not sufficient for you to fully detail the facts – In doing so please reference the outline number.

Thank you.

I. GENERAL INFORMATION

1. Information about you the abused/harassed individual (referenced below as the Petitioner):

- a. My first, middle, and last name is:
- b. My full home address is:
- c. Does the Abuser/Harasser (referenced below as the Respondent) know that you live here? (Note: You may provide your address separately if you want it to be confidential.) Yes No
- d. I work at this company:
- e. The company address is:
- f. Does the Respondent know that you work here? Yes No (Note: You may provide the address separately if you want it to be confidential.)
- g. I go to school at:
- h. The school address is:
- i. Does the Respondent know that you go to school here? (Note: You may provide the address separately if you want it to be confidential.) Yes No
- j. My date of birth is:
- k. I am a female male and my race is:

2. Information about the Respondent:

- a. The Respondent's full name is:
- b. The Respondent's full address is:
- c. The Respondent's date of birth is:
- d. The Respondent is a female male and his/her race is:

3. The minor children who I am also seeking to protect from abuse/harassment are:

First	Middle	Last	Birthdate	Relationship to me
-------	--------	------	-----------	--------------------

a. Was a Recognition of Parentage signed for each child? Yes No

b. Was paternity established through the Court for each child? Yes No

4. Other minor child(ren) who are involved:

First	Middle	Last	Birthdate	Relationship to me
-------	--------	------	-----------	--------------------

5. My relationship with the Respondent(s) is as follows (check all that apply):

a. Husband/Wife; If so, date of marriage:

b. Former husband/wife; If so, date of divorce:

c. Living together

d. Lived Together from this date to this date:

e. Have a child together

f. Have an unborn child together

g. Parent/child

h. Related by blood

i. Significant romantic or sexual relationship (if checked, answer items below):

i. How long did the relationship last?:

ii. How often did you have contact with Respondent?:

iii. Length of time since the relationship ended:

j. Other:

6. I am (or have been) involved with the Respondent in the following court actions in the following counties and filed on the following dates:

Type of action	County	Date
<input type="checkbox"/> Marriage dissolution/divorce		
<input type="checkbox"/> Custody		
<input type="checkbox"/> Paternity		
<input type="checkbox"/> Domestic abuse related charges		
<input type="checkbox"/> Domestic abuse related convictions		
<input type="checkbox"/> Child protection		

7. Check off all sections that apply to you:

- a. I want my address to remain a secret and not be part of the public file.
- b. I want my phone number to remain a secret and not be part of the public file.
- c. The Respondent lives in the same building as I do.
- d. The Respondent and I work for the same employer. Yes No
 If yes, answer the following:
 - i. Do you have the same supervisor as the Respondent does? Yes No
 - ii. If yes, our supervisor's name is:
- e. Do you work in the same building or department as the Respondent does?
 - i. Yes, and the name of the building is:
 - ii. Yes, and the name of the department is:
 - iii. No
 - iv. The Respondent and I work these same hours:
- f. The Respondent and I attend the same school

II. ABUSE & HARASSMENT INFORMATION

8. Have you been involved with the Respondent in a harassment restraining order or OFP previously? Yes No If yes, then fill in the following:
- a. Was it for an order for protection or a harassment restraining order?
 - b. County where application was filed:
 - c. Date filed:
 - d. Name of Judge or judicial officer:
 - e. Result of the court case:
 - i. Temporary Ex Parte Order only (Petitioner withdrew application or failed to appear)
 - ii. Restraining Order granted; expiration date:
 - iii. Restraining Order denied
9. The following acts of abuse, harassment, or stalking have happened since I last applied:
10. Respondent has inflicted or threatened domestic abuse upon me and/or upon the minor child(ren) named here:
11. Describe specific acts of domestic abuse or harassment and give approximate dates, listing the most recent incidents first.

12. As a result of the domestic abuse, state the contact you have had with law enforcement:

(Submit any police records with this questionnaire)

13. As a result of the domestic abuse, state what medical help you have received on the following dates & at the following hospitals/clinics/other:

(Submit any medical records)

14. Respondent has treated the victim(s) as follows:

a. Respondent physically or sexually assaulted the victim(s) as follows:

b. Respondent has followed, pursued or stalked the victim(s) as follows:

c. Respondent made uninvited visits to the victim(s) as follows:

d. Respondent made harassing phone calls to the victim(s) as follows:

e. Respondent made threats to the victim(s) as follows:

f. Respondent frightened the victim(s) with threatening behavior as follows:

- g. Respondent broke into and entered the residence of the victim(s) as follows:

- h. Respondent damaged the property of victim(s) as follows:

- i. Respondent stole property from the victim(s) as follows:

- j. Respondent took pictures of the victim(s) without permission as follows:

- k. More than once, Respondent has done acts that meet the legal definition of “targeted residential picketing” by:

- l. I told Respondent not to come to certain public events that I or the children attend because:

- m. After that, Respondent attended public events I/we attended: (List dates, places and name of events):

n. Respondent has otherwise harassed me and/or the minor child(ren) as follows:

o. Other:

15. Do the above acts by Respondent show a pattern of attending public events while knowing that attending is harassing to me/children?

16. Describe the effect the domestic abuse and/or harassment has upon the safety, security or privacy of the victim(s)

17. Do you believe the domestic abuse and/or harassment will continue? Yes No

18. Explain why you believe the domestic abuse and/or harassment will continue.

19. Does an emergency exist and do you fear immediate and present danger of further acts of domestic violence? Yes No If so, explain

III. REQUESTS FOR COURT ACTION

20. I am asking the court to issue an order that gives me the following protection:

- a. Restrain and enjoin Respondent from causing me or the minor child(ren) any physical harm, and from causing me or the minor child(ren) fear of immediate physical harm.
- b. Order that Respondent shall not harass me minor child (ren) for whom I am the parent, legal guardian, or stepparent.
- c. Order Respondent to have no contact with me or the minor child(ren), whether in person, with or through other persons, by telephone, mail, e-mail, through electronic devices, or through a third party, or by any other means.
- d. Exclude Respondent from:
 - i. the dwelling we share or from my residence
 - ii. a reasonable area surrounding the dwelling or my residence specifically as follows:
- e. calling or entering my place of employment/school, which includes all land, parking lots, and buildings.
- f. Limiting Respondent's access to me at my place of employment as follows:
- g. Order that Respondent attend treatment/programming for domestic abuse
- h. Order that Respondent attend treatment/programming for chemical use
- i. **Custody.** Sole legal and physical custody of the joint minor child(ren) listed above should be awarded to me because:
- j. **Parenting Time.**
 - i. Respondent should have the following parenting time (visitation) with the joint minor child(ren):

ii. Respondent's parenting time (visitation) with the joint minor child(ren) should be conditional or supervised. Parenting time (visitation) subject to the following conditions:

iii. I am seeking the above supervised/conditional parenting time because:

k. I am seeking child support / spousal maintenance / medical support/health insurance.

i. My monthly income is: \$

ii. My income is from this source/s:

iii. I have monthly expenses that total: \$

iv. Monthly expenses include expenses for joint minor child(ren) of: \$

v. Respondent's monthly income in dollars is: \$

vi. Respondent's income is from this source/s:

vii. Address of Respondent's employer:

viii. I have monthly childcare costs because of employment or school of: \$

ix. My or the child(ren)'s health insurance is provided by:

x. Other relevant financial information:

l. Order Respondent to continue all currently available insurance coverage without change in coverage or beneficiaries.

m. As a result of the Respondent's acts of domestic abuse, I am seeking restitution in the amount of: \$

i. The restitution is for the following expenses:

- n. Temporary use and possession of personal property and restrain Respondent from disposing of or destroying property should be ordered as follows:
- o. The care, possession, or control of a pet or companion animal owned, possessed, or kept by the Petitioner or Respondent or a child of the Petitioner or Respondent.
- p. Order Respondent to refrain from physically abusing or injuring any pet or companion animal, without legal justification, known to be owned, possessed, kept, or held by either party or a minor child residing in the residence or household of either party as an indirect means of intentionally threatening the safety of such person.
- q. Order that Respondent be prohibited from acquiring or possessing a firearm
- r. Provide other relief as necessary for the protection of me and the minor child(ren):
- s. I request a Order for a length of:
- i. 2 years
- ii. Until the following date: _____, which is less than 2 years from today.
- iii. I am eligible for an order up to 50 years because:
- A. I have two or more prior restraining orders against Respondent
- B. Respondent has violated a prior or existing restraining order between us on two or more occasions.
- t. Direct the local law enforcement agency to provide the following assistance: