

STATE OF NORTH DAKOTA
COUNTY OF _____

IN DISTRICT COURT
_____ JUDICIAL DISTRICT

(Petitioner)
PETITIONER,
Vs

(Respondent)
RESPONDENT.

)
)
) Case No. _____
)
) PETITION FOR A SEXUAL ASSAULT
) RESTRAINING ORDER
)
)
)

I, _____, request this Court issue a Sexual Assault Restraining Order pursuant to North Dakota Century Code Section 12.1-31-01.2, and in support of this request, state the following:

- 1. I am the victim of sexual assault complained of in this petition.
OR
 I am the parent step-parent guardian of _____ (*minor's initials*), a minor child who I reasonably believe is a victim of sexual assault complained of in this petition.
- 2. My address is (*you may ask the court to leave this paragraph blank*):
- 3. My age is:
OR
 The minor child's age is:
- 4. The Respondent's address is:
- 5. The Respondent's age is:

6. My (*or*) The minor child's relationship to the Respondent is:

7. Beginning with the most recent event, these are the actions that support my request for a Sexual Assault Restraining Order (*include dates*). This is what happened:

(Use additional sheets if necessary.)

8. People who witnessed these events are (*names*):

9. I ask that a Temporary Sexual Assault Restraining Order be given prohibiting the Respondent from the following:

- a. Harassing, stalking, or threatening me (*or*) the minor child;
- b. Appearing at my (*or*) the minor child's residence, school and place of employment; and
- c. Contacting me (*or*) the minor child.

10. I request that a hearing be scheduled and that a more permanent Sexual Assault Restraining Order be given after that hearing.

I swear or affirm under penalty of perjury that the information contained in this Petition for a Sexual Assault Restraining Order is true and correct. I understand that once a Sexual Assault Restraining Order is issued it cannot be modified or dismissed by me or the Respondent without permission of the Court.

Dated this _____ day of _____, 20_____.

(*Signature*)

(*Printed Name*)

(*Address*)

(*City, State, Zip Code*)

(*Telephone Number*)

Subscribed and sworn to before me this _____ day of _____, 20_____.

_____ County, North Dakota

(*Notary Public or Clerk of Court*)

STATE OF NORTH DAKOTA

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(Petitioner))
PETITIONER,)
))
Vs)

(Respondent))
RESPONDENT,)

Case No. _____

CONFIDENTIAL
INFORMATION FORM

The information on this form is confidential and must not be placed in a publically accessible portion of a file. *The Date of Birth is required for every protected party.*

FULL INFORMATION

**REDACTED
INFORMATION**

PETITIONER:

Name: _____

Date of Birth: _____
(Month/Day/Year)

Year of Birth: _____

RESPONDENT:

Name: _____

Date of Birth: _____
(Month/Day/Year)

Year of Birth: _____

MINOR CHILD:

Name: _____

Initials: _____

Date of Birth: _____
(Month/Day/Year)

Year of Birth: _____

Dated this _____ day of _____, 20_____

_____, Petitioner