

STATE OF NORTH DAKOTA

IN DISTRICT COURT

COUNTY OF _____

_____ JUDICIAL DISTRICT

_____,)
 Petitioner)
 vs)
 _____)
 Respondent)
)

Case No. _____

**Petition for Disorderly Conduct
Restraining Order**

The undersigned Petitioner, (*your name*) _____,
states as follows:

1. I am the victim of the conduct complained of in this petition.
 I am the (*choose one*) parent/guardian of _____
(*child's/ward's name*), who is the victim of the conduct complained of in this petition.
My child's/ward's (*choose one*) age is _____.
2. My address is (*you may ask the court to leave this line blank*): _____
_____.
3. The Respondent's full name and address are: _____
_____.
4. My age is _____.
5. The Respondent's age is _____.
6. My relationship to the Respondent is (*choose the appropriate word*):
 stranger. acquaintance. friend.
 spouse. ex-spouse.
 other relative: _____.
 other: _____.

10. People who witnessed these events are (list name(s)): _____

(If there are other events which support your petition, describe them on an additional sheet of paper. Include the date of the event and the name of any witness(es).)

11. I declare, under penalty of perjury under the law of North Dakota, that everything I stated in this Petition for Disorderly Conduct Restraining Order is true and correct.

Signed on _____, in _____ (City),
_____ County, _____ (State),
_____ (Country).

(Petitioner's Signature)

(Petitioner's Printed Name)

If you asked the court to leave your address blank in Paragraph 2, leave the address and telephone number lines blank. Otherwise, complete the address and telephone number lines below.

(Address)

(City, State, Zip Code)

(Telephone Number)

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

Respondent:

Name: _____

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

Minor Child or Ward:

Name: _____

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

Dated _____.

(Petitioner's Signature)

(Petitioner's Printed Name)

(Address)

(City, State, Zip Code)

(Telephone Number)

(Email Address)