

STATE OF NORTH DAKOTA
Petition for Protective Relief
SFN 51566 (09/08)

STATE OF NORTH DAKOTA
COUNTY OF _____

IN THE DISTRICT COURT
Case
No. _____

Petitioner

vs.

**Petition for
Protective Relief**

Respondent,

I _____, being sworn, apply for protective relief under the Domestic Violence Chapter of the North Dakota Century Code, Ch. 14-07.1.

I am a resident of _____ County and currently live at *(optional)*:

I am requesting to be a protected party.

I have _____ child[ren] living with me, whose names and ages are:

Name	DOB	Respondent's child (yes/no)	Requesting to be protected (yes/no)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I am asking the court for protective relief from: _____
(Please include full name)

Relationship to respondent: _____

Respondent's place of residence is: _____

Respondent may also be found at: _____
_____.

Respondent is employed at: (name, address, phone number of employer)

_____.

Description of respondent: Height____Weight____Age _____ DOB _____ Sex____
Special Identifying Marks: _____

General Appearance: _____

I want the Respondent to be restrained from harassing, threatening, molesting, or injuring me/us.

I want the Respondent to be restrained from having contact with me/us in person, by phone, by mail, by any electronic means, or through third parties.

I want the respondent to be excluded from:

- a) Petitioner's/Protected Party's residence (optional) _____

- b) Petitioner's/Protected Party's work (optional) _____

- c) Petitioner's/Protected Party's day care (optional) _____

- d) Other (optional) _____

I (want) (do not want) custody of my child(ren) at this time.

I (am) (am not) willing to grant respondent visiting rights with regard to the children.

Visitation Proposal: _____

I also ask that the respondent surrender the following property: _____

I will need further financial assistance from the respondent at this time.

I request further relief as follows: _____

There is an outstanding court Order that addresses visitation, custody, or contact between the Respondent and me.

I believe there exists an immediate and present danger that the domestic violence described below will continue against me, if the Respondent has contact with me.

Recently the following incidents have taken place involving the respondent and me: *(Describe briefly what took place, including dates, places, times, how long the incidents lasted, any witness, what the results of the incidents were. Start with the most recent incidents.)* See attached sheets.

Respondent has used, displayed, or threatened to use a firearm or other dangerous weapon in acts of violence against me: *(Describe briefly what took place, including dates, places, and times. Start with the most recent incident.)* See attached sheets.

The following is a listing of any civil or criminal actions involving both me and the person from whom I am seeking relief, as required by subsection 8 of section 14-07.1-02 of the ND Century Code.

I have read and understand the above statement, and to the best of my knowledge I believe that the facts stated above are true. I make this statement voluntarily.

Date this _____ day of _____, _____.

Signature of Petitioner

Attorney Name Address Telephone

Signature

Bar ID#

Subscribed and sworn before me on this

_____ day of _____, _____.

Notary Public /Clerk of District Court

Notary Commission Expires _____