

State of Minnesota

District Court

County of: Select County	Judicial District: _____
	Court File Number: _____
	Case Type: Domestic Abuse

In the Matter of:

**Petitioner's Affidavit and Petition
For Order for Protection**

Petitioner (first, middle, last)

On behalf of:

Other persons needing protection (first, middle, last)

(Minn. Stat. § 518B.01)

and for her/himself

vs.

Respondent (first, middle, last)

I, _____, state that:

I am the Petitioner (the person requesting the order) in this action. This affidavit supports my request for an Order for Protection (OFP). (Minn. Stat. § 518B.01).

1. Who needs protection?

- Me (Petitioner)
- My minor children
- A person for whom I am the legal guardian (attach Guardianship Order)
- A minor child who is not my child, but is a family or household member of mine
- Other _____

2. Petitioner Information (You)

Name: (first, middle, last) _____

My address or phone is confidential. (Give the confidential information to court administration on a separate sheet of paper.)

My Address: _____ Apt. # _____

City _____ State _____ Zip _____

Telephone: _____ Date of birth: (month/day/year) _____

Race: _____ (for federal reporting purposes)

Gender: male female

3. Email Notification of Service

By providing my email address below, I am indicating that I want to be notified by email when the respondent is served with the OFP. I understand that this is the only email I will receive from the court about the OFP unless I have signed up to receive other court notices via email. I understand that it will only be possible for the court to notify me by email when service information is received by the court. I understand that a technical or other error could occur preventing the successful delivery of the email, and that I have other options to learn of the service of the OFP on the respondent, including contacting law enforcement directly. I understand I must provide a valid email address in order to receive this notification of service, and that THIS EMAIL ADDRESS WILL BE SEEN BY THE RESPONDENT:

Email address: _____

4. Respondent Information: (person you want protection from)

Name: (first, middle, last) _____

Address: _____ Apt. # _____

City _____ State _____ Zip _____

Telephone: _____ Date of birth: (month/day/year) _____

If DOB unknown, age or approximate age _____

Race: _____ (for federal reporting purposes)

Gender: male female

If Respondent is under 18 years old, service must be made on Respondent and Respondent's parent or guardian.

Parent or Guardian Name: _____

Parent or Guardian address: _____

5. List all persons needing protection, other than you. None

Name (first, middle, last)	Race	Date of Birth	Gender	Lives with you?	How is this person related to you?	How is this person related to the Respondent?
			<input type="radio"/> M <input type="radio"/> F	<input type="radio"/> YES <input type="radio"/> NO		
			<input type="radio"/> M <input type="radio"/> F	<input type="radio"/> YES <input type="radio"/> NO		

Name (first, middle, last)	Race	Date of Birth	Gender	Lives with you?	How is this person related to you?	How is this person related to the Respondent?
			<input type="radio"/> M <input type="radio"/> F	<input type="radio"/> YES <input type="radio"/> NO		
			<input type="radio"/> M <input type="radio"/> F	<input type="radio"/> YES <input type="radio"/> NO		
			<input type="radio"/> M <input type="radio"/> F	<input type="radio"/> YES <input type="radio"/> NO		

6. List all minor children you and Respondent have together (biological and adopted) not listed at #5. None

Name (first, middle, last)	Date of Birth	Who has the child now?
		<input type="radio"/> Me <input type="radio"/> Respondent <input type="radio"/> Other
		<input type="radio"/> Me <input type="radio"/> Respondent <input type="radio"/> Other
		<input type="radio"/> Me <input type="radio"/> Respondent <input type="radio"/> Other
		<input type="radio"/> Me <input type="radio"/> Respondent <input type="radio"/> Other
		<input type="radio"/> Me <input type="radio"/> Respondent <input type="radio"/> Other

7. List all minor children living with you, not listed at #5 or #6. None

Name (first, middle, last)	Date of Birth	How is this child related to you?	How is this child related to Respondent?

8. What is your relationship to Respondent? (Check all that apply)

- Married Marriage Date: _____
 Divorced Marriage Date: _____ Divorce Date: _____
 Living together since _____ (date)
 Lived together from _____ (date) to _____ (date)

- Have a child together
- Have an unborn child together
- Parent/Child
- Related by blood
- Significant romantic or sexual relationship

The relationship lasted from _____ (date) to _____ (date).
 How often did you have contact with Respondent during that time?

9. Is there an Order for Protection in effect now between you (or anyone else listed #5) and Respondent? Yes No

10. Orders for Protection no longer in effect:

Have you, or any of the people listed at #5, had an Order for Protection against Respondent in the past? Yes No (If no, skip to #11.)

11. Now, or in the past, have you (or other persons at #5) and Respondent been jointly involved in other family court, domestic abuse criminal cases, or harassment restraining order cases?
 Yes No

12. Why do you (or the persons listed at #5) need an Order for Protection?

Describe the abuse by answering the questions below. If there are several dates, use the *Description of Abuse Attachment* to describe what happened on the other dates.

Date of most recent abuse: _____ Who was there?:

Describe what Respondent did to physically harm you (or others at #5) or make you afraid. If you were injured, also describe the injuries.

Was medical treatment received for any injuries? Yes No

Describe any use or threatened use of guns or other weapons:

During the incident, did Respondent interfere with a 911 or emergency call? Yes No
Did the police/sheriff come? Yes No

13. (Optional) If there is a **history of abuse** by Respondent and person at #5, in addition to the recent incidents, you may briefly explain the history here:

14. **Do you believe that the domestic violence will continue** and that you or other persons at #5 are in immediate danger? Yes No

15. Does Respondent work or attend school at the same place as Petitioner or any other protected persons? Yes No

REQUESTS FOR RELIEF

16. **Relief that does not require a hearing:**
I ask the court to order the things I checked below in (a) through (k). I understand that requesting these things does not require a hearing to be held. I understand that if the court issues an Ex Parte Order, the judge may set a hearing and/or the Respondent may request a hearing.

I understand that if the court does not issue an Ex Parte Order, the judge may dismiss the matter, or may set a hearing, unless I do not want a hearing (indicate by checking the box below).

I DO NOT want a hearing. If the court does not issue an Ex Parte Order, I ask that no hearing be scheduled and that the matter be dismissed. I understand that this means there will be no Order issued and no further proceedings.

Based on this affidavit, I am asking the court to make the following orders:

- a. Issue an Ex Parte Order for Protection to protect me all persons listed at #5.
(These are the protected persons.)
- b. Restrain and enjoin Respondent from causing *the protected person(s)* any physical harm, or fear of immediate physical harm.

- c. Order Respondent to have no contact with *the protected person(s)* whether in person, with or through other persons, by telephone, mail, e-mail, through electronic devices, social media, through a third party, or by any other means, except as follows:

- d. Exclude Respondent from:

- i. My home or the home Respondent and I share.
 My address is confidential OR

My home address is: _____

City _____ State _____ Zip _____

And a reasonable area surrounding my home, specifically as follows:

Except as follows:

- ii. The home of _____ (*protected person(s)*).
 The address is confidential OR

Home address is: _____

City _____ State _____ Zip _____

And a reasonable area surrounding the home, specifically as follows:

Except as follows: _____

- e. Restrain Respondent from calling or entering Petitioner's _____'s workplace including all land, parking lots and buildings at:

Employer Name: _____

Address: _____

Except as follows: _____

- f. Restrain Respondent from entering _____
at the following address: _____

Except as follows: _____

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

- h. Order the possession and care of a pet or companion animal as follows:

- i. 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.

- j. Direct law enforcement to provide the following assistance:

- k. Other:

17. Relief that requires a hearing:

In addition to the orders requested above, I ask the court to order the following things. I understand that if I request any of the following things, a hearing must be held.

- a. Grant me the temporary custody of the joint minor children subject to parenting
time for the Respondent as detailed at #18. (Fill out #18)

- b. Order Respondent to pay a reasonable amount of money for my living expenses joint minor children. (Fill out #19)
- c. Order Respondent to pay a reasonable amount of money for the support of our (Fill out #19)
- d. Award me temporary use and possession of personal property (describe the property):
- _____
- _____
- _____
- _____
- e. Restrain Respondent from disposing of or destroying the following property:
- _____
- _____
- _____
- _____
- f. Order Respondent to pay me restitution in the amount of _____ (Fill out #20)
- g. Order Respondent to attend counseling, treatment, or other social services as follows:
- Domestic Abuse program
- Alcohol/chemical dependency evaluation and follow recommended treatment
- Mental health evaluation and follow recommended treatment
- Other _____
- h. Prohibit Respondent from shipping, transporting, possessing, or receiving any firearms or ammunition.
- i. Issue the Order for Protection for a period up to 50 years because:
- Respondent has violated a prior or existing Order for Protection on two or more occasions.
- Petitioner/*protected person* has had two or more Orders for Protection in effect against this Respondent.

Additional Information to Support my Requests that Require a Hearing

18. Temporary Custody and Parenting Time

If you and Respondent have a minor child together, you can ask the court to make temporary orders about custody, parenting time, or support for the child. To ask for these temporary orders, paternity must be established by marriage, Recognition of Parentage, or Paternity Order.

Do you want custody or parenting time ordered? Yes No If no, skip to #19.

19. Financial Support

I want the court to order Respondent to financially support me or our joint children.

Yes No If no, skip to #20. If Yes, fill in the information below.

20. Restitution

I want the Court to order Respondent to reimburse me for expenses I incurred because of the domestic abuse. Yes No

21. I further request such other relief at the time of the full hearing as the Court finds necessary for the protection of a family or household member, including orders or directives to law enforcement agencies.

I declare under penalty of perjury that everything that I have stated in this document is true and correct. Minn. Stat. § 358.116.

Signature of Petitioner:

Dated: _____

Signature

Name: _____

County and State where signed

(If your address is confidential, do not include it here)

Address: _____

City/State/Zip: _____

Telephone: _____

E-mail address: _____

ATTACHMENT FOR DESCRIPTION OF ADDITIONAL ABUSE

Date of next incidence of abuse: _____ **Who was there?:**

Describe what Respondent did to physically harm you (or others at #5) or make you afraid. If you were injured, also describe the injuries.

Was medical treatment received for any injuries? Yes No

Describe any use or threatened use of guns or other weapons:

During the incident, did Respondent interfere with a 911 or emergency call? Yes No

Did the police/sheriff come? Yes No

Date of next incidence of abuse: _____ **Who was there?:**

Describe what Respondent did to physically harm you (or others at #5) or make you afraid. If you were injured, also describe the injuries.

Was medical treatment received for any injuries? Yes No

Describe any use or threatened use of guns or other weapons:

During the incident, did Respondent interfere with a 911 or emergency call? Yes No

Did the police/sheriff come? Yes No

Date of next incidence of abuse: _____ **Who was there?:**

Describe what Respondent did to physically harm you (or others at #5) or make you afraid. If you were injured, also describe the injuries.

Was medical treatment received for any injuries? Yes No

Describe any use or threatened use of guns or other weapons:

During the incident, did Respondent interfere with a 911 or emergency call? Yes No

Did the police/sheriff come? Yes No

Date of next incidence of abuse: _____ **Who was there?:**

Describe what Respondent did to physically harm you (or others at #5) or make you afraid.
If you were injured, also describe the injuries.

Was medical treatment received for any injuries? Yes No

Describe any use or threatened use of guns or other weapons:

During the incident, did Respondent interfere with a 911 or emergency call? Yes No

Did the police/sheriff come? Yes No