

INFORMATION SHEET FOR DOMESTIC VIOLENCE PETITION

Relationship between parties _____

Today's Date: _____ Hearing Date: _____ Time: _____ Case No. _____

Case Type Domestic Violence without Children Dating Violence Sexual Violence
(check one): Domestic Violence with Children Repeat Violence Stalking

PETITIONER INFORMATION

Petitioner Name: _____

Address: _____ City/State/Zip: _____

Does Petitioner wish exclusive use of Residence? (If parties presently reside in same home) Yes No

Petitioner Employer: _____ Work Phone: _____

Petitioner School: _____ Race: _____

Phone: _____ Date of Birth: _____ SSN: _____

Additional Petitioner's or OBO

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

RESPONDENT INFORMATION

Respondent Name: _____ Date of Birth (or Age): _____

OBO Name: _____ Date of Birth: _____

Address: _____ City/State/Zip: _____

Respondent Employer: _____ Work Phone: _____

Employer Address: _____ Other Address (for service): _____

Phone: _____ Race: _____ SSN: _____

Does Respondent own or possess any firearms or other weapons, if so, please list: _____

Minor Children of the parties or children listed in petition and **NOT** listed above as additional Petitioners:

Name: _____ Date of Birth: _____ SSN: _____

Name: _____ Date of Birth: _____ SSN: _____

Name: _____ Date of Birth: _____ SSN: _____

Name: _____ Date of Birth: _____ SSN: _____

Name: _____ Date of Birth: _____ SSN: _____

List any other locations you don't want the Respondent to go (besides your residence or place of employment; not including public places): _____