

Intake Form - Protective Order Assistance Project (POAP)



Date: _____

Time: _____ am/pm

Case #: 53C0 _____ -PO- _____

Petition #: _____

1. I would like to protect this person—yourself or a minor child in your care (*Petitioner*)

First Name	Middle Name	Last Name	Date of Birth	Age
Street Address (no PO Box please) <input type="checkbox"/> Check if the same as on the Petition		City	State	ZIP Code
Contact Phone (Does not need to be yours if yours isn't safe)		Contact Email (Does not need to be yours if yours isn't safe)		
Preferred Gender Pronouns	<input type="radio"/> He/Him/His <input type="radio"/> She/Her/Hers <input type="radio"/> They/Them/Theirs <input type="radio"/> Other _____	What is the best way to contact you?	<input type="radio"/> Phone <input type="radio"/> Email	
Is it safe to leave a message on the phone number listed above?			<input type="radio"/> Yes <input type="radio"/> No	

2. I am filing on behalf of a minor child and my contact information is (*Next Friend*):

First Name	Middle Name	Last Name	Date of Birth	Age
Street Address (no PO Box please) <input type="checkbox"/> Check if the same as on the Petition		City	State	ZIP Code
Phone	Email			
I am this child's:	<input type="radio"/> Parent	<input type="radio"/> Guardian	<input type="radio"/> Other _____	

3. I am filing against this person (*Respondent*)

First Name	Middle Name	Last Name	Date of Birth	Age
Street Address (no PO Box please) <input type="checkbox"/> Check if the same as on the Petition		City	State	ZIP Code
Phone	Email			

4. I am filing this Petition because the Petitioner has experienced:

<input type="checkbox"/> Domestic or Family Violence	<input type="checkbox"/> Sex Offense	<input type="checkbox"/> Stalking	<input type="checkbox"/> Harassment
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5. I have the following person here for support today:

First Name	Middle Name	Last Name
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6. The Respondent has the following relationship to the Petitioner (please check one):

<input type="radio"/> Spouse	<input type="radio"/> Child in Common	<input type="radio"/> Current or Former Guardian	<input type="radio"/> Related by Blood or Adoption. The Respondent is my _____
<input type="radio"/> Former Spouse	<input type="radio"/> Dated/Used to Date	<input type="radio"/> Current or Former Ward	<input type="radio"/> Related by current/former marriage. The Respondent is my _____
<input type="radio"/> Lived together (intimate relationship)	<input type="radio"/> Sexual Relationship	<input type="radio"/> Current or Former Custodian	<input type="radio"/> Minor Child of a person as checked elsewhere in #6
<input type="radio"/> Lives together (intimate relationship)	<input type="radio"/> Former parent of a child adopted by	<input type="radio"/> Current or Former Foster Parent	<input type="radio"/> Stalker <input type="radio"/> Harasser

7. I would like to protect the following family or household members:

First Name	Last Name	Date of Birth	Age	Gender	Race/Ethnicity	Relationship to Petitioner	Relationship to Respondent

8. I have the following documents to provide the Court with my Petition (Exhibits):

<input type="checkbox"/> Photographs	<input type="checkbox"/> Police Report	<input type="checkbox"/> Other
<input type="checkbox"/> Text Messages or Emails	<input type="checkbox"/> Medical Records	
<input type="checkbox"/> Phone Records	<input type="checkbox"/> Social Media	

9. I know of the following cases involving the same or some of the same people as on this case:

Caption <i>For Example: In re the Marriage of Smith and Hernandez</i>	Case Number <i>For example: 53C08-2010-DC-000123</i>

10. POAP is offering the following referrals to me:

<input type="checkbox"/> Middle Way House	<input type="checkbox"/> Counseling	<input type="checkbox"/> Legal Assistance
<input type="checkbox"/> Prosecutor's Office	<input type="checkbox"/> Law Enforcement	<input type="checkbox"/> Other
<input type="checkbox"/> Protective Order Project	<input type="checkbox"/> Shelter/Housing	<input type="checkbox"/> I DECLINE all referrals or will seek them out on my own.
<input type="checkbox"/> Dept. of Child Services	<input type="checkbox"/> Food	<input type="checkbox"/> POAP may discuss my case with the above agencies/offices.

11. I request a *Hope Card* (a laminated card that summarizes a protective order's pertinent information)?

Yes, and my height is _____ feet and _____ inches. No.

I WOULD like to have POAP create a Petition for me and file it with the Court. I understand that the Judge will review the Petition. If a Hearing or an Ex Parte Protection Order is issued, I understand the Respondent will receive a copy of the Petition that I file. I will need to be present at any Hearing ordered.

I would NOT like to file a Petition at this time. I will consider doing so in the future if circumstances change and know that I can always come back to file.

I affirm, under the penalties for perjury, that the above statements are true and correct.

/s/ _____ Date _____ Filing Date: _____
 Signature of Petitioner/Next Friend Assistant: _____
 Hearing: _____