

_____, Plaintiff

VS.

_____, Defendant

Case No. _____

PETITION FOR PROTECTION OF VICTIMS OF

- SEXUAL VIOLENCE**
- SEXUAL VIOLENCE AGAINST A MINOR CHILD**
- INTIMIDATION**

1. Plaintiff:

First	Middle	Last Name

Plaintiff's Address: _____

Plaintiff's address is confidential pursuant to 42 Pa.C.S. § 62A11.

Plaintiff's Date of Birth: _____

I am filing this petition on behalf of myself or another person.

If you checked "myself," please answer all questions referring to yourself as "Plaintiff." If you checked "another person," please answer all questions referring to that person as "Plaintiff," and provide your name and address below.

Name: _____

Address: _____

If you checked "another person," indicate your relationship to the plaintiff:

2. Defendant:

First	Middle	Last Name

Defendant's Address:

DEFENDANT IDENTIFIERS			
DOB		HEIGHT	
SEX		WEIGHT	
RACE		EYES	
HAIR			
SSN			
DRIVERS LICENSE #			
EXP DATE		STATE	

3. Name(s) of other designated person(s) under 42 Pa.C.S. § 62A07(b)(1):

4. Is there a relationship between Plaintiff and Defendant? _____. If yes, what is the relationship?

5. Have Plaintiff and Defendant been involved in any other legal proceedings? If so, state when and where the case was filed and the court docket number, if known:

6. Has Defendant been involved in any criminal proceedings?

If you answered Yes, is Defendant currently on probation or parole?

7. (a) The facts of the most recent incident of sexual violence are as follows:

Approximate Date: _____

Approximate Time: _____

Place: _____

Describe in detail what happened, including any physical or sexual abuse, threats, injury, incidents of stalking, medical treatment sought, and/or calls to law enforcement (attach additional sheets of paper if necessary):

(b) The facts of the most recent incident of intimidation are as follows:

Approximate Date: _____

Approximate Time: _____

Place: _____

Describe in detail what happened, including medical treatment sought, and/or calls to law enforcement (attach additional sheets of paper if necessary):

8. If Defendant has committed prior acts of sexual violence or intimidation against Plaintiff, describe these prior incidents, and indicate approximately when such acts occurred (attach additional sheets of paper if necessary):

9. Identify the sheriff, police department, or other law enforcement agency in the area in which Plaintiff lives that should be provided with a copy of the protection order:

10. Is there an immediate and present danger for further acts of sexual violence or intimidation from Defendant against Plaintiff? If so, please describe:

FOR THE REASONS SET FORTH ABOVE, I REQUEST THAT THE COURT ENTER A TEMPORARY ORDER AND, AFTER A HEARING, A FINAL ORDER THAT WOULD INCLUDE ALL OF THE FOLLOWING RELIEF (CHECK ALL FORMS OF RELIEF REQUESTED):

A. Restrain Defendant from having any contact with the victim, including, but not limited to, entering the victim's residence, place of employment, business, or school.

B. Prohibit indirect contact through third parties.

C. Prohibit direct or indirect contact with other designated persons.

D. Order Defendant to pay the fees of this action.

E. Order the following additional relief, not listed above:

F. Grant such other relief as the court deems appropriate, including, but not limited to, issuing an order under 42 Pa.C.S. § 62A11(b) related to the non-disclosure of the victim's address, telephone number, whereabouts or other demographic information.

G. Order the police, sheriff or other law enforcement agency to serve the Defendant with a copy of this petition, any order issued, and the order for the hearing. Plaintiff will inform the designated authority of any addresses, other than Defendant's residence, where Defendant can be served.

VERIFICATION

I verify that the statements made in this petition are true and correct to the best of my knowledge. I understand that false statements herein are made subject to the penalties of 18 Pa.C.S. § 4904, relating to unsworn falsification to authorities.

Signature

Date