

- (f) Requires Respondent to provide financial support for Petitioner and the other family or household members named in this Petition.
- (g) Requires Respondent to complete batterer counseling, substance abuse counseling, or other counseling as determined necessary by the Court.
- (h) Requires Respondent to refrain from entering, approaching, or contacting (by any means) the residence, school, business, and place of employment of or approaching or contacting (by any means) Petitioner and the family or household members named in this Petition.
- (i) Requires Respondent to permit Petitioner or other family or household member to have exclusive use of the following motor vehicle: _____
- (j) Includes the following additional provisions: _____

- 5. Petitioner further requests that the Court issue an *ex parte* (emergency) protection order under R.C. 3113.31(D) and (E) and this Petition.
- 6. Petitioner further requests that the Court issue no mutual protection orders or other orders against Petitioner unless all of the conditions of R.C. 3113.31(E)(4) are met.
- 7. Petitioner further requests that if Petitioner has a victim advocate, the Court permit the victim advocate to accompany Petitioner at all stages of these proceedings as required by R.C. 3113.31(M).
- 8. Petitioner further requests that the Court grant such other relief as the Court considers equitable and fair.
- 9. Petitioner lists here all present court cases and pertinent past court cases (including civil, criminal, divorce, juvenile, custody, visitation, and bankruptcy cases) that relate to the Respondent, you, your children, your family, or your household members:

CASE NAME	CASE NUMBER	COURT/COUNTY	TYPE OF CASE	RESULT OF CASE

I hereby swear or affirm that the answers above are true, complete, and accurate to the best of my knowledge. I understand that falsification of this document may result in a contempt of court finding against me which could result in a jail sentence and fine, and that falsification of this document may also subject me to criminal penalties for perjury under R.C. 2921.11.

DO NOT SIGN THIS FORM UNLESS YOU ARE IN FRONT OF THE PERSON WHO WILL NOTARIZE THE PETITION FOR YOU.

SIGNATURE OF PETITIONER

Sworn to and subscribed before me on this _____ day of _____, _____

NOTARY PUBLIC

IF YOU ARE REQUESTING YOUR ADDRESS REMAIN CONFIDENTIAL, DO NOT WRITE YOUR ADDRESS ON THIS FORM. PLEASE PROVIDE ANOTHER MAILING ADDRESS WHERE YOU CAN SAFELY RECEIVE NOTICES FROM THE COURT. THIS FORM IS A PUBLIC RECORD.

Petitioner's Safe Address:

Signature of Attorney for Petitioner (if applicable)

Name of Attorney (if applicable)

Attorney's Address

City, State, Zip Code

Attorney's Registration Number

Attorney's Telephone

Attorney's Fax

Attorney's Email

PLEASE FILL THIS OUT WITH PHYSICAL ADDRESS OF RESPONDENT

Case Number: _____

REQUEST FOR SERVICE

TO THE CLERK OF COURTS:

PLEASE REQUEST THE GREENE COUNTY SHERIFF TO PERSONALLY SERVE THE RESPONDENT WITH THE PETITION FOR RELIEF FROM DOMESTIC VIOLENCE AND ANY EXPARTE ORDERS.

You are instructed to make personal service upon the Respondent: _____

at: _____
(Address, city, state, zip) OR WHEREVER THEY MAY BE FOUND.

The best time of day to serve the Respondent at the above address is: _____

MUST BE SAME COUNTY

If the Respondent cannot be reached at the above address, you may be able to serve the

Respondent at: _____
(Address, city, state, zip)

Special Instructions for server:

(Please sign your name.)

CASE NAME: _____ **CASE NO.:** _____

RESPONDENT'S NAME: _____
(Last) (First) (MI.)

SSN _____ Height _____ Hair Color _____ Race _____

DOB _____ Weight _____ Eye Color _____ Disabilities _____

DISTINGUISHING MARKS, SCARS, TATTOOS:

ADDRESS: _____

TELEPHONE NUMBERS:

HOME _____ WORK _____

CELL _____ -

PAGER _____

EMPLOYER: _____

ADDRESS: _____

WORK DAYS: _____

WORK HOURS: _____

VEHICLE: Year _____ Make _____ Model _____ Color _____

INTAKE SHEET

(Please fill out all information even if it is confidential. This will not be filed)

CASE #: _____

Petitioner's Name: _____

Address: Confidential/not confidential (circle one):

Phone Number: (H) _____ (W) _____

(C) _____ (Other) _____

SSN: _____ **Race:** _____

DOB: _____ **Place of Work:** _____

Emergency contact: _____ **Relationship:** _____

Phone Number: _____

.....

Respondent's Name: _____

Phone Number: (H) _____ (W) _____

(C) _____ (other) _____

Race: _____ **Place of Work:** _____

.....

Internal Use Only:

Petitioner's Attorney: _____ Respondent's Attorney _____

Magistrate/Judge: _____