

IN THE COURT OF COMMON PLEAS, _____ DIVISION
 _____ COUNTY, OHIO

Petitioner : **Case No.** _____

 Address : **Judge/Magistrate** _____

 City, State, Zip Code :

Date of Birth: ____ / ____ / ____ :

v. : **PETITION FOR JUVENILE CIVIL PROTECTION ORDER
 OR JUVENILE DOMESTIC VIOLENCE CIVIL
 PROTECTION ORDER (R.C. 2151.34 and 3113.31)**

Respondent

 Address :

 City, State, Zip Code :

Date of Birth: ____ / ____ / ____ :

CHECK EVERY THAT APPLIES. 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.

- 1. Petitioner seeks relief on his or her own behalf.
- 2. Petitioner seeks relief on behalf of, _____, who is a minor.
 The minor is not a family or household member of the Petitioner pursuant to R.C. 3113.31(A)(3)(a) - (b).
- 3. Petitioner seeks relief on behalf of the following family or household members:

NAME (first, middle initial, and last)	DATE OF BIRTH	HOW RELATED TO PETITIONER/APPLICANT
	/ /	
	/ /	
	/ /	
	/ /	

- 4. Petitioner is not a family or household member of Respondent.

10. The following is a list of all past and present court cases, that Petitioner knows of, which involve the parties, their children, or other family or household member and are relevant to this matter:

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

11. Petitioner requests the Court grant relief under R.C. 2151.34 or 3113.31. Check all that apply.

- a. Require the Respondent not to abuse, harm, attempt to harm, threaten, follow, stalk, harass, contact, force sexual relations upon, or commit sexually oriented offenses against the Petitioner and/or the Petitioner’s family or household members named in this Petition.
- b. Require the Respondent not to enter or have limited access to the following places (include name and address, as applicable) where Petitioner and Petitioner’s family or household members named in this Petition may be found, including the buildings, grounds, and parking lots at these places.

Residence: _____

School: _____

Business or Place of Employment: _____

Other (specify): _____

- c. Require the Respondent not to have contact with Petitioner and/or Petitioner’s family or household members named in this Petition by any means whatsoever.
- d. Require the Respondent not to remove, damage, hide, or dispose of any property or pets owned or possessed by the Petitioner and Petitioner’s family or household members named in this Petition.
- e. Require the Respondent not to possess, use, carry, or obtain any deadly weapon.
- f. Require the Respondent to be electronically monitored. Please explain why the Respondent’s conduct is a past, present, and future danger to the health, welfare, or safety of the Petitioner and/or the Petitioner’s family or household members. Attach additional page if you need more room.

g. Require the Respondent to complete batterer counseling, substance abuse counseling, or other counseling as determined necessary by the Court.

h. Includes the following additional provisions:

12. Petitioner further requests that the Court issue an *ex parte* (emergency) protection order.

13. Petitioner further requests that the Court grant such other relief as the Court considers equitable and fair.

I hereby swear or affirm that the answers above are true, complete, and accurate to the best of my knowledge. I understand that falsifying this document may result in a contempt of court finding against me which could result in a jail sentence and fine and that falsifying this document may also subject me to criminal penalties or adjudication of delinquency for perjury under R.C. 2921.11 or falsification under R.C. 2921.13.

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

SIGNATURE OF PETITIONER

Sworn to and subscribed before me on this _____ day of _____, 20 _____

NOTARY PUBLIC/DEPUTY CLERK OF COURT

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:

Name of Attorney (if applicable)

Signature of Attorney for Petitioner (if applicable)

Attorney's Address

City, State, Zip Code

Attorney Registration Number

Attorney's Telephone

Attorney's Fax

Attorney's Email