

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.  
 \_\_\_\_\_

- 5. Petitioner is a family or household member of Respondent and a victim of domestic violence. The relationship of Petitioner to Respondent is that of:
  - Parent of Respondent
  - Foster Parent of Respondent
  - Other relative by blood or marriage of Respondent or Petitioner/ who has lived with Respondent at any time (describe relationship):

\_\_\_\_\_

- 6. Petitioner and/or a family or household member of Petitioner has a child in common with the Respondent.
- 7. Please describe in detail the action(s) of the Respondent that causes you to believe that he/she will cause or has caused you and/or your family or household members physical or emotional harm. Attach additional page if you need more room.

This conduct may include domestic violence, felonious assault, aggravated assault, assault, aggravated menacing, stalking, menacing, aggravated trespass, or sexually oriented offense. (See Form 10.05-A for a definition of these terms.)

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- 8. Please describe how the Respondent's conduct affected you and/or your family or household members. Attach additional page if you need more room.

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- 9. Petitioner further states that Respondent attends the same school or is transported to school on the same school bus as Petitioner and/or the family or household member of the Petitioner.

School Name & Address: \_\_\_\_\_

School Bus: \_\_\_\_\_

- 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.

\_\_\_\_\_  
 \_\_\_\_\_

Case No. \_\_\_\_\_

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 PETITION FOR YOU.**

\_\_\_\_\_  
SIGNATURE OF PETITIONER

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

\_\_\_\_\_  
NOTARY PUBLIC/DEPUTY CLERK OF COURT

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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