

_____ COURT, MISSOULA, MONTANA

 JUDGE _____

 _____)
 _____)
 Petitioner,)
 _____)
 vs.) CAUSE NO. _____
 _____)
 _____)
 Respondent.)

SWORN PETITION FOR TEMPORARY ORDER OF PROTECTION AND REQUEST FOR A HEARING

The law requires that Respondent be given a copy of this completed form and all attachments.

1. **Request for Temporary Order of Protection.** Under oath and as provided by Mont. Code Ann. §40-15-201, I request that the Court issue a Temporary Order of Protection against Respondent. **I believe I am in danger of harm** if the Court does not issue a Temporary Order of Protection immediately.

2. **Protected Person/s.** I am seeking an Order of Protection for *(check all that apply)*:

☐ Myself.

☐ The following minor child/ren:

| Children | | | Age | How child is related to: | | Who does the child live with? |
|-----------|------------|----|-----|--------------------------|------------|-------------------------------|
| Last name | First name | MI | | You | Respondent | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

☐ Other people **who have asked** to be protected *(must be victims of the abuse or have witnessed the abuse)*:

| Last Name | First Name | MI | Relationship to Respondent |
|-----------|------------|----|----------------------------|
| | | | |
| | | | |

3. **Residency.**

I live or am staying in the city of _____ in _____ County, Montana.

Respondent lives in the city of _____ in _____ County, State of _____.

The abuse or offense happened in _____ in _____ County, State of _____.

Residency continued. *(Check all that apply).*

☐ The Respondent does not live with me.

☐ I live with the Respondent at _____.

☐ I have left the residence where I lived with the Respondent and I want to return:

☐ To live at the residence. ☐ To get personal belongings. ☐ Other _____.

☐ A business is run from the home by: ☐ me ☐ Respondent ☐ both me and Respondent

4. Relationship to the Respondent *(Check all that apply to the relationship between the Respondent and you or the person(s) for whom you are seeking protection).*

☐ Married or common law married ☐ Dated or had an ongoing intimate relationship in the

☐ Were married, but are now separated past

☐ Divorced ☐ Victim of Sexual Assault

☐ Are currently dating or having an ongoing ☐ Victim of Stalking

intimate relationship ☐ Victim of Assault

☐ Live together ☐ Other

☐ Lived together in the past ☐ I am the parent, guardian or other person supervising the welfare of a child less than 16 years of age and request that the Respondent, a person over 18 years of age and who has no legal right of supervision or control over the child, stop contacting the child because I believe that the contact is not in the child's best interests as set forth in MCA § 45-5-622 (4).

☐ Have a child and/or children together

☐ Am a family member or a former family member of Respondent

5. Information about the emotional, physical and/or sexual abuse.

A. Recent violence:

When was the most recent incident? _____

Was anyone else there? _____

Where did it take place? _____

If you had any injuries, please describe: _____

Was law enforcement notified? ☐ Yes ☐ No

On the following page, please describe what the Respondent did to you and/or the person you want protected that makes you afraid. Try to be specific.

[illegible]

Past violence: Please describe previous incidents. It does not matter when the abuse happened or if you reported it to the police.

6. **Firearms:** To the best of your knowledge, does the Respondent possess firearms? ☐ Yes ☐ No ☐ Uncertain.

Where are the firearms located? _____.

7. **Other Court Cases:** ☐ A divorce, legal separation, custody case or abuse/neglect case between me and

Respondent has been filed in _____ County, State of _____.

Is the family law case listed above still pending? ☐ Yes ☐ No.

Did the court issue a parenting plan? ☐ Yes ☐ No.

☐ A criminal charge of _____ was filed against: ☐ me or the ☐ Respondent in

_____ court _____ County, State of _____.

I ask the court to Order the following:

(Check and fill out the provisions you want the court to include in your Order of Protection).

1. ☐ Respondent shall not commit or threaten to commit acts of violence against me and/or the other Protected

People: _____.

2. ☐ Respondent shall not harass, annoy, disturb the peace of, telephone, email, contact, or otherwise

communicate directly or indirectly, with me and/or the other Protected People:

_____.

3. ☐ Respondent shall not take the following child(ren) from Missoula County:

_____.

4. ☐ Respondent must stay _____ feet from Petitioner *(not to exceed 1500 feet)*.

☐ Respondent must stay _____ feet from the following minor children:

_____.

☐ Respondent must stay _____ feet from other protected people:

_____.

☐ The location of my current residence is confidential. *(Do not list your address below if confidential).*

☐ Respondent must stay _____ feet away from Petitioner's residence at:

_____.

☐ Respondent must stay _____ feet away from Petitioner's place of employment at:

_____.

☐ Respondent must stay _____ feet away from my/or my child(ren)'s school(s) at:

_____.

☐ Respondent must stay _____ feet away from any of the following addresses frequented by Petitioner and/or other Protected Person: _____.

5. ☐ Respondent used or threatened me with firearms. Respondent shall not possess these firearms:

_____.

6. ☐ Respondent must not take, hide, sell, give away, borrow against, damage, or otherwise dispose of property belonging to me (and/or the person I want protected) or Respondent or both of us.

_____.

7. ☐ Respondent must give me (or the person I need protected) possession or use of the following items (items may include the residence, automobile and other *essential* personal property, regardless of ownership):

_____.

8. ☐ I (and/or the person I need protected) need a peace officer to help get the property listed in number 7 above.

9. ☐ The Court deems the following additional relief is necessary to provide for the safety and welfare of the Petitioner and/or other individuals designated on this Petition:

_____.

10. Parenting of Child/ren.

Note: Justice and Municipal Courts can protect minor children *temporarily* by listing them on the Order of Protection. Although these courts can provide short term visitation plans, *they cannot make parenting plans*. If you need a parenting plan, you need to file an action in your local District or Tribal Court. (*Choose one*).

☐ Parenting of child/ren does not apply in this case.

☐ No visitation schedule is necessary at this time. The protections I have asked for in this petition will keep Respondent away from the children if ordered.

☐ I want the child/ren listed in this Petition to have parenting time with Respondent as specified on page 3 of the Temporary Order of Protection.

HEARING

Please set a hearing on this case within 20 days, as required by Montana Code Annotated §40-15-202. The Respondent will then have a chance to be heard and explain why the Order of Protection should not be continued. I request that the Court issue an Order of Protection with the above listed protections after the hearing.

NOTARY SEAL OR JUDGE'S SIGNATURE

STATE OF MONTANA)
) ss.
County of Missoula)

_____, the Petitioner, after having been sworn, states as follows:

I have read the above petition, know the contents, and the statements are true of my own knowledge, except those stated upon information and belief, and I believe those to be true.

Petitioner

SUBSCRIBED AND SWORN to before me this ____ day of _____, 20____.

Judge/Clerk/Notary

(Notary)

Printed Name: _____

Notary Public for the State of Montana.

Residing at: _____

My Commission expires: _____

| | | | |
|---|----------|------------------|--|
| TOP <input type="checkbox"/> OOP <input type="checkbox"/> | Cause #: | Expiration Date: | CVA Y <input type="checkbox"/> N <input type="checkbox"/> Phone: |
|---|----------|------------------|--|

LAW ENFORCEMENT SERVICE INFORMATION

Please provide as much information as you can. **YOU MUST FILL IN ALL SHADED FIELDS.** If you do not, law enforcement will not serve your order and the form will be returned to the court clerk.

You—Petitioner

| | | | | |
|----------------|-------|---|------------|-----------------|
| Last Name: | | First: | | Middle Initial: |
| Date of Birth: | Race: | Male <input type="checkbox"/> Female <input type="checkbox"/> | SSN or ID: | |
| Home Address: | | City: | State: | Zip: |
| Phone: | | Message Phone: | | |

Other Persons You Wish Protection For: *(Please use back side, if needed)*

| | | | | |
|----------------|-------|---|------------|-----------------|
| Last Name: | | First: | | Middle Initial: |
| Date of Birth: | Race: | Male <input type="checkbox"/> Female <input type="checkbox"/> | SSN or ID: | |
| Home Address: | | City: | State: | Zip: |

| | | | | |
|----------------|-------|---|------------|-----------------|
| Last Name: | | First: | | Middle Initial: |
| Date of Birth: | Race: | Male <input type="checkbox"/> Female <input type="checkbox"/> | SSN or ID: | |
| Home Address: | | City: | State: | Zip: |

| | | | | |
|----------------|-------|---|------------|-----------------|
| Last Name: | | First: | | Middle Initial: |
| Date of Birth: | Race: | Male <input type="checkbox"/> Female <input type="checkbox"/> | SSN or ID: | |
| Home Address: | | City: | State: | Zip: |

| | | | | |
|----------------|-------|---|------------|-----------------|
| Last Name: | | First: | | Middle Initial: |
| Date of Birth: | Race: | Male <input type="checkbox"/> Female <input type="checkbox"/> | SSN or ID: | |
| Home Address: | | City: | State: | Zip: |

Respondent—The Person Against Whom You Are Seeking the Order

| | | | | |
|---|---------|---|------------------|---|
| Last Name: | | First: | | Middle Initial: |
| Nickname or Alias: | | | | |
| Date of Birth: | Race: | Male <input type="checkbox"/> Female <input type="checkbox"/> | SSN or ID: | |
| Home Address: | | City: | State: | Zip: |
| Phone: | | Message Phone: | | |
| Height: | Weight: | Hair Color: | Eye Color: | |
| Distinguishing Characteristics: Tattoos, scars etc. | | | | |
| Employer: | | Phone No.: | Work Days/Hours: | |
| Address: | | City: | State: | Zip: |
| Name of Relative or Friend: | | | Phone No.: | |
| Make & Model of Car: | | Year: | Color: | |
| License Plate No.: | | State: | | |
| Has this person been convicted of a crime? YES <input type="checkbox"/> NO <input type="checkbox"/> Don't Know <input type="checkbox"/> | | | If YES, what? | |
| Does this person have any weapons? YES <input type="checkbox"/> NO <input type="checkbox"/> Don't Know <input type="checkbox"/> | | If YES: Guns <input type="checkbox"/> Knives <input type="checkbox"/> Explosives <input type="checkbox"/> | | Location: Vehicle <input type="checkbox"/> |
| | | Other <input type="checkbox"/> List: | | On Person <input type="checkbox"/> Residence <input type="checkbox"/> |
| Is the respondent likely to react violently when served? YES <input type="checkbox"/> NO <input type="checkbox"/> Don't Know <input type="checkbox"/> | | | | |
| Other places this person may be found: | | | | |

CONFIDENTIAL

Additional Persons You Wish Protection For:

| | | | | | | | | |
|----------------|--|-------|---|--|------------|-----------------|------|--|
| Last Name: | | | First: | | | Middle Initial: | | |
| Date of Birth: | | Race: | Male <input type="checkbox"/> Female <input type="checkbox"/> | | SSN or ID: | | | |
| Home Address: | | | City: | | State: | | Zip: | |
| Last Name: | | | First: | | | Middle Initial: | | |
| Date of Birth: | | Race: | Male <input type="checkbox"/> Female <input type="checkbox"/> | | SSN or ID: | | | |
| Home Address: | | | City: | | State: | | Zip: | |
| Last Name: | | | First: | | | Middle Initial: | | |
| Date of Birth: | | Race: | Male <input type="checkbox"/> Female <input type="checkbox"/> | | SSN or ID: | | | |
| Home Address: | | | City: | | State: | | Zip: | |
| Last Name: | | | First: | | | Middle Initial: | | |
| Date of Birth: | | Race: | Male <input type="checkbox"/> Female <input type="checkbox"/> | | SSN or ID: | | | |
| Home Address: | | | City: | | State: | | Zip: | |
| Last Name: | | | First: | | | Middle Initial: | | |
| Date of Birth: | | Race: | Male <input type="checkbox"/> Female <input type="checkbox"/> | | SSN or ID: | | | |
| Home Address: | | | City: | | State: | | Zip: | |
| Last Name: | | | First: | | | Middle Initial: | | |
| Date of Birth: | | Race: | Male <input type="checkbox"/> Female <input type="checkbox"/> | | SSN or ID: | | | |
| Home Address: | | | City: | | State: | | Zip: | |
| Last Name: | | | First: | | | Middle Initial: | | |
| Date of Birth: | | Race: | Male <input type="checkbox"/> Female <input type="checkbox"/> | | SSN or ID: | | | |
| Home Address: | | | City: | | State: | | Zip: | |
| Last Name: | | | First: | | | Middle Initial: | | |
| Date of Birth: | | Race: | Male <input type="checkbox"/> Female <input type="checkbox"/> | | SSN or ID: | | | |
| Home Address: | | | City: | | State: | | Zip: | |
| Last Name: | | | First: | | | Middle Initial: | | |
| Date of Birth: | | Race: | Male <input type="checkbox"/> Female <input type="checkbox"/> | | SSN or ID: | | | |
| Home Address: | | | City: | | State: | | Zip: | |