

Petition for Order of Protection

Case No.

Court **Fourth Circuit Court**

County **Knox**

PETITIONER

First Middle Last

Date of Birth of Petitioner

This Petition was filled out at the Family Justice Center

If minor petitioner, by next friend:

Mother Father Guardian Case worker

D.O.B. of next friend: _____

Has there ever been a juvenile court filing or a DCS investigation about this child? yes no

If so, date(s): _____

Court: _____ Docket #: _____

CAUTION: **Weapon(s) Involved:** Location/Description _____ **Respondent owns/possesses firearm(s):** Location/Description _____

RESPONDENT

(Person you want to be protected from):

first middle last date of birth (MM/DD/YYYY)

street address city state zip

Respondent's Employer: _____

Employer's name Employer's phone #

Relationship to Petitioner _____

Describe Respondent:

Sex	Race	Hair	Eyes	Height – Weight – SSN-Other				
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Other: _____	<input type="checkbox"/> Black <input type="checkbox"/> Grey <input type="checkbox"/> Blonde <input type="checkbox"/> Bald <input type="checkbox"/> Brown <input type="checkbox"/> Red <input type="checkbox"/> Other: _____	<input type="checkbox"/> Brown <input type="checkbox"/> Hazel <input type="checkbox"/> Blue <input type="checkbox"/> Green <input type="checkbox"/> Grey <input type="checkbox"/> Other: _____	Height		Weight		
					Social Sec. # (Provided to Clerk's Office if known)			
					Scars/Special Features			
					Phone Number			

1. What is your relationship to the Respondent? *(Check all the apply):*
- a. We are married or used to be married.
 - b. We live together or use to live together.
 - c. We have a child together.
 - d. We are dating, used to date, or have had sex.
 - e. We are relatives, related by adoption, or are/were in-laws. *(Specify):*
 - f. The Respondent has stalked me.
 - g. The Respondent has sexually assaulted me.

2. List all children born to you who are under 18:

Name of Child	D.O.B.	Is Respondent the parent of the child? (Write "yes," "no," or "uncertain.")	Does the child need to be protected from the Respondent? (Write "yes" or "no.")

3. Are there any other children living in your home? no yes: _____.

4. Unborn child(ren) due on _____.

5. Where else have the child(ren) (that you and Respondent have together) lived during the last 6 months?

Child(ren)'s previous addresses

Whom did they live with at this address?

_____	_____
_____	_____
_____	_____
_____	_____

6. **Other Court cases** – Are the child(ren) that you and Respondent have together involved in any other court case in Tennessee or another state? yes no If "Yes," fill out below:

County and State
of other case: _____

Case Number
(If you know it): _____

Kind of case (*check* Divorce Domestic Violence Criminal Juvenile Child Support
all that apply): other (*specify*): _____

7. **Custody Rights** – Does anyone besides you or the Respondent claim to have custody or visitation rights to the children that you and Respondent have together? yes no If "yes," who?

Name

Address

_____	_____
_____	_____

8. *Has the domestic violence described in this petition affected the children listed?* yes no. *If yes, please describe:*

9. *Petitioner needs support for the parties' minor child(ren)?* yes no

10. **I now have (or have had) other court cases with this respondent:** yes no

Knox General Sessions: was respondent arrested? yes no. KPD KCSD date of arrest: _____

Other court(s): _____

11. **Have you ever filed for, or had an order of protection against you?** Party(ies), date(s), county(ies), and state(s): _____

12. I have presented the matters in this complaint to the Attorney General of Knox County and/or to a Judicial Commissioner:

yes no The case was heard/is set for hearing as a criminal matter on the _____ day _____, 20 ____.

13. Respondent has abused and/or threatened to abuse petitioner.

WHERE DID THE EVENT(S) OCCUR? ANSWER HERE: _____

ON WHAT DATE(S) DID THE EVENT(S) OCCUR? ANSWER HERE: _____

Write below what happened. You must: (1) Use name of other person (“Tom”) and pronouns “I” or “me” to refer to yourself. (“Tom hit me.”) Do not say “petitioner” or “respondent.” Do not say “Tom hit Nancy.” (2) Say it plainly. (“Judy cut my hand.” Not: “My hand was cut by Judy.”) (3) Do not use summing-up terms like “abuse,” “violence,” “threats.” Say what happened. Say the words used, not what you think the behavior or the words add up to.

DO NOT WRITE ON THE BACK OF THIS PAGE--IF MORE SPACE IS NEEDED ASK FOR ADDITIONAL PAGE(S) WHICH WILL BE NUMBERED PAGE 2.1, PAGE 2.2., ETC.

14. There **are/were** pets in the household: yes no These pets **have** **have not** been threatened with harm, or injured by, the Respondent. Names of pets, and what happened: _____

I ask the court to make the following Orders: (check all that apply)

15. **No Contact**
Please order the Respondent not to contact me either directly or indirectly, by phone, email, messages, text messages, mail or any other type of communication or contact.

16. **Stay Away**
Please order the Respondent to stay away from me. The respondent shall not come about me for any purpose at any place.

17. **Personal Conduct**
Please order the Respondent not to:
 Cause intentional damage to my property or interfere with the utilities at my home.
 Hurt or threaten to hurt any animals that I/we own or keep.

18. **Temporary Custody**
 Please give me temporary custody of our children.
 Please give me temporary custody of any animals I/we own or keep.

19. **Child Support**
Please order the Respondent to pay reasonable child support.

20. **Petitioner Support (if married)**
Please order the Respondent to pay reasonable spousal support.

21. **Move-out / Provide other housing**
Please order the Respondent to (*check one*): move out of our family home immediately or provide other suitable housing (if married).
 Check here if your home or lease is in the Respondent's name only.
 If the parties share a residence, please allow the Respondent to obtain his/her clothing and personal effects such as medicine and other things he/she may need. **Neither the respondent nor the petitioner violates this order of protection by accompanying a uniformed officer to retrieve personal property from the other party. Uniformed officers are available on a limited schedule, unless hired in an off-duty capacity. (County officers, 215-6820, City officers, 215-7268).**

22. *For any other relief that might be necessary to protect the safety of the petitioner's and/or parties' minor child(ren):*

ORDER OF PROTECTION DESCRIPTION SHEET
(FOR PROCESS SERVER)

DOCKET # _____

DOES THE DEFENDANT (RESPONDENT) HAVE ANY OUTSTANDING ATTACHMENTS/WARRANTS OR LEGAL PROCESS THAT YOU ARE AWARE OF, THAT STILL NEED(S) TO BE SERVED ON THE DEFENDANT?

YES _____

NO _____

DEFENDANT'S FULL NAME: _____

DEFENDANT'S ADDRESS: _____

COUNTY _____

DEFENDANT'S HOME PHONE: (____) _____

WHEN USUALLY HOME: _____

PLACE OF EMPLOYMENT: _____

ADDRESS OF EMPLOYMENT: _____

COUNTY _____

EMPLOYER'S PHONE NUMBER: (____) _____

HOURS AND DAYS, HE/SHE USUALLY WORKS: _____

MODEL, MAKE, AND COLOR OF AUTOMOBILE THAT HE/SHE USUALLY DRIVES: _____

DIRECTIONS TO DEFENDANT'S RESIDENCE: _____

DIRECTIONS TO DEFENDANT'S EMPLOYMENT: _____

PHYSICAL DESCRIPTION:

WEIGHT: _____

SS# _____ - _____ - _____

HEIGHT: _____

EYE COLOR: _____

HAIR COLOR _____

OTHER HELPFUL INFORMATION: _____

ADVOCATES NAME: _____ PHONE: _____

PETITIONER'S ADDRESS PROFILE

IF YOU HAVE A SECRET ADDRESS, AND ARE IN DANGER, DO NOT TELL US THAT ADDRESS. BUT **THE COURT MUST HAVE A VALID MAILING ADDRESS FOR YOU**, SO THAT YOU WILL RECEIVE NOTICES FOR COURT DATES, AND OTHER INFORMATION ABOUT YOUR CASE. **YOU DO NOT HAVE TO BE AT THE MAILING ADDRESS.** IF YOU DO NOT WANT THE DEFENDANT TO KNOW YOUR REAL ADDRESS, GIVE US THE ADDRESS OF A FRIEND, OR A RELATIVE, OR YOUR EMPLOYMENT-- ANY ADDRESS WHERE YOU WILL PROMPTLY KNOW YOU HAVE RECEIVED MAIL. **YOU MAY KEEP YOUR TRUE LOCATION SECRET FROM THE COURT AND FROM THE DEFENDANT.**

This court will not accept a petition for an order of protection without a valid mailing address. The address for mailing to me is:

MANDATORY: The clerk of the court must have a telephone number you.

The clerk can reach me at: TELEPHONE # () _____ - _____

(Do not give a land-line telephone number for a secret location. That can enable someone to find you. A cell phone number, or a land-line at a different location, will not reveal where you are.)

OPTIONAL:

I WANT THE KNOX COUNTY SHERIFF'S PROCESS SERVERS TO BE ABLE TO CALL ME FOR MORE INFORMATION, IF THEY ARE HAVING PROBLEMS SERVING THE PAPERS. THEY CAN CONTACT ME AT:

TELEPHONE # () _____ - _____

I contacted the petitioner immediately after the time of service. Method: _____.

I was unable to reach the petitioner. Reason: _____.

Time and date notified: _____

My name: _____

My agency (if any): _____

WAIVER, RELEASE AND AUTHORIZATION

Case Number _____

I, _____, hereby waive the provisions of the Tennessee Public Records Act, Tenn. Code Ann. §10-7-504, confidential records, to the extent that those records may be accessed by, and I hereby authorize such access, to the following persons or entities, their employees or volunteers working in conjunction with Orders of Protection on my behalf:

(print name)

- 1. YWCA
- 2. Child & Family, Tennessee
- 3. Serenity Shelter
- 4. Salvation Army
- 5. Legal Aid of East Tennessee
- 6. Family Crisis Center
- 7. Alternative Counseling
- 8. Complete Counseling North
- 9. Integrous Counseling Center
- 10. My attorney record
- 11. Child Support Services of Tennessee
- 12. Other: _____

This waiver and release shall remain in full force and effect so long as the Order Protection is in effect or until such time as I revoke it in writing, whichever occurs first.

I hereby release the Knox County Fourth Circuit Clerk from any and all liability or responsibility for the release of said information to the persons and entities designated above.

I have read and fully understand the foregoing Waiver, Release, and Authorization form.

Plaintiff/Petitioner

Print Name

Date

Witnessed By:

Print Name