

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 #: _____

This request is being made by a law enforcement officer pursuant to TCA §36-3-619. Person on whose behalf this Petition is filed consents in writing to the filing and signs here ► _____



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

RESPONDENT (Person you want to be protected from)

<i>First</i>	<i>Middle</i>	<i>Last</i>	<i>Date of Birth (MM/DD/YYYY)</i>
<i>Street address</i>		<i>City</i>	<i>State</i>
<i>Respondent's Employer:</i>		<i>Zip</i>	
<i>Employer's name</i>		<i>Employer's phone #</i>	
Relationship to Petitioner _____			
Describe Respondent:			
Sex	Race	Hair	Eyes
<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 – Other			
	Height	Weight	Phone Number
	Scars/Special Features		

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

(b) **Has anyone ever filed an order of protection against you?** Party(ies), date(s), county(ies), and state(s): _____

2. I now have (or have had) other court cases with this Respondent: yes no. If yes, you must supply the court name, docket number, and county name here: _____

3. I have presented the matters in this complaint to the Attorney General of Knox County or a Judicial Commissioner. yes no

4. What is your relationship to the Respondent? (Check all that apply)

- a. We are married or used to be married.
- b. We live together or used 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.

5. 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," "uncertain.")	Does the child need to be protected from the Respondent? (Write "yes" or "no.")

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

7. Unborn child(ren) due on _____

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

Child(ren)'s previous addresses:	With whom did they live with at this address?
_____	_____
_____	_____
_____	_____

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

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

11. **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: _____

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

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 (e.g. "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," or "threats." Say what happened. Say the words used, not what you think the behavior or the words indicate.

DO NOT WRITE ON THE BACK OF THIS PAGE--IF MORE SPACE IS NEEDED ASK FOR ADDITIONAL PAGE(S) WHICH WILL BE NUMBERED PAGE 3.1, PAGE 3.2., ETC.

13. 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)

14. **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.

15. **Stay Away**

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

16. **Move-out/Provide other housing**

Please order the Respondent to (check one):

Move out of our family home immediately at: _____ 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.

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

22. **COUNSELING AND SUBSTANCE ABUSE PROGRAMS**

Please order that the Respondent:

- Be directed to attend available counseling programs that address **violence and control** issues.
- Be directed to attend available counseling programs that address **substance abuse** problems.

23. Be prohibited from owning, possessing, transporting, or using a firearm or ammunition.

24. Pay for changing the locks to my residence.

25. Pay the court costs, attorney fees, and litigation tax of this cause.

26. **No firearms:** Please Order the Respondent not to have, possess, transport, buy, receive, use or in any other way get any firearm.

List all firearms that the Respondent owns, controls, or has access to: _____

27. **Other Orders:** (General Relief) _____

I also ask the court to:

1. Make an immediate Temporary Order of Protection. (*Ex-Parte Order of Protection*)
2. Notify law enforcement in this county of that Order.
3. Serve the Respondent a copy of that Order and Notice of Hearing to take place within 15 days of service.
4. Serve a copy of the Request, Notice of Hearing and Temporary Order on the parents of the Petitioner (if the Petitioner is under 18 years of age) unless the Court finds that this would create a serious threat of serious harm to the Petitioner. (*T.C.A. §36-3-605 (c)*).

(CIRCLE ONE)

Petitioner (parent/legal guardian/caseworker/law enforcement) signs here in front of notary/clerk/judicial officer and swears that he/she believes the above information is true:

Date: _____

Petitioner's Signature

Notary fills out below –

I declare that the Petitioner has read this Petition, and swears it be true to the best of her/his knowledge.

Sworn and subscribed before me, the undersigned authority,

By (*Print name*): _____

On this date: _____

(*Notary's seal here*)

Court Clerk signs here

Notary/Date notary's commission expires

The court does not find good cause and denies a Temporary Order of Protection - The court finds an immediate and present danger of abuse to the Petitioner has **not** been adequately stalked/articulated, and denies the Petitioner's request for a *Temporary Order of Protection*. However, the court will set the matter for hearing. **The Petitioner and Respondent must go to court and explain to the judge why the judge should or should not issue an Order of Protection against the Respondent.**

A post card with the appropriate court date will be sent to the address provided once the Respondent is properly served. If you have any questions, you may call the Fourth Circuit Court Clerk's Office at 865-215-2404.

Date _____

Judge or Magistrate

WAIVER RELEASE AND AUTHORIZATION

I, _____, hereby waiver 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 hereby authorize such access, to the following persons or entities, their employees or volunteers working in conjunction with Orders of Protection on my behalf: This waiver and release shall remain in full force and effect so long as the Order of Protection is in effect, or until such time as I revoke it in writing, whichever comes first.

(Print Name)

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

- YWCA Legal Aid of East Tennessee UT Law Domestic Violence My Attorney of Record
- _____

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

Signature

**ADVERTENCIAS AL QUERELLADO
ORDEN DE PROTECCIÓN UNILATERAL**

Al querellado: Si viola esta orden porque cree que la parte solicitante le ha dado permiso para hacerlo, está usted equivocado y puede ser detenido y procesado. Un acuerdo entre las partes no surte efecto para cambiar los términos de esta orden ya que solamente el tribunal tiene la autoridad para hacerlo. Si el demandado/a infringe intencionalmente esta orden será culpable de desacato a los tribunales, y se expone a las siguientes penas posibles de hasta 10 (diez) días en la cárcel y de una multa de \$50.00 por cada incidente. El tribunal puede imponer también una pena civil de hasta \$50.00, por cada incidente, conforme al Código Anotado de Leyes de Tennessee, en su artículo 36-3-610.

Al querellado: Usted se expone a ser procesado por agresión con agravantes, un delito mayor, Clase C, si conforme a esta orden o a cualquier otra orden, acuerdo para un programa de readaptación social, o para libertad condicional lo prohíben o restringen de lesionar o intentar lesionar, o de cualquier manera cometer o intentar cometer una agresión contra una determinada persona o determinadas personas, y en lo sucesivo comete o intenta cometer una agresión, intencionalmente o con pleno conocimiento, contra esas mismas personas. Disposición recogida en el Código Anotado de Leyes de Tennessee, en su artículo 39-13-102.

LUGAR DE LA AUDIENCIA: (Place of hearing)	CITY COUNTY BUILDING MAIN LEVEL 400 MAIN AVENUE KNOXVILLE, TN 37902
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Si necessita un interpretador, inmediatamente llame estos numeros: (865) 671-2576

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. HOWEVER, **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 # () _____ - _____