

INSTRUCTIONS FOR FILLING OUT THE PETITION AND AFFIDAVIT FOR SEXUAL ASSAULT PROTECTION ORDER.

HEADING:

- Enter the name of the county where you are filing this Petition and Affidavit.
- Enter the first, middle and last names of the plaintiff (your name).
- If you are filing this petition on behalf of a minor child or a person who is unable to file the petition for themselves, enter their first, middle and last names on the next line. **PLEASE NOTE:** It is intended that each person requesting protection through a Sexual Assault Protection Order will file a separate Petition and Affidavit.
- Enter the first, middle and last names of the respondent (the other party's name).
- The case number will be assigned by the clerk of the district court.

BODY OF PETITION AND AFFIDAVIT:

The numbers below give instructions for completing the paragraphs with the same numbers in the Petition and Affidavit.

Paragraph 1. Enter your full name in the first space.

Enter your relationship to the respondent in the next blank. If you do not have any relationship to the respondent, enter "none".

Check the box that is correct for if you are 19 or older or legally emancipated, or if you are a minor. IF YOU ARE A MINOR – enter your age in the box provided.

Check the next box if you do NOT speak English. If you check the box that you do not speak English, enter the language that you speak.

IF you are filing this petition on behalf of a minor child or someone who cannot file for themselves, enter their full name and their age. Check the box that represents YOUR relationship to the person you are filing the petition for. Check the next box if the person you are filing the Petition for does not speak English. If you check the box that the person you are filing the Petition on behalf of does not speak English, enter the language that the person you are filing the Petition for speaks.

Enter the relationship of the person you are filing the Petition for to the respondent. If they do not have any relationship to the respondent, enter "none".

Paragraph 2. Check the box for either: you have received address protection, you are living at a safe house, or that you are providing your address. If you check the third option, enter your street address in the space provided. If your mailing address is different from your street address enter what your mailing address is on the next line.

Paragraph 3. Check the correct box of Paragraph 4. If you check the box that you agree to receive e-mails, enter your e-mail address.

Paragraph 4. Enter the age of the respondent in the first blank. Enter the respondent's street address on the next line. If the respondent's mailing address is different from their street address, enter the mailing address on the next line in the paragraph.

Check the next box if the respondent does NOT speak English. If you check the box that the respondent does not speak English, enter the language the respondent speaks.

Paragraph 5. Enter the name of the person who is requesting to be protected in this Petition and Affidavit.

- Paragraph 6. Check the appropriate box. IF you and the respondent **AND/OR** the person you are filing this petition for and the respondent HAVE been involved in a past or current court case together, enter the name of the court, the case number, the type of case and the date of the determination.
- Paragraph 7. Check all the boxes that apply for the types of protection you are requesting.
- Paragraph 8. Check the appropriate box.
- Paragraph 9. Write a brief, but detailed description of the act(s) of sexual assault toward the person seeking protection.

SIGNATURE BLOCK:

DO NOT SIGN THIS PETITION AND AFFIDAVIT UNTIL YOU ARE PRESENT IN FRONT OF A NOTARY OR THE CLERK OF THE DISTRICT COURT.

NOTARY VERIFICATION STATEMENT:

THIS WILL BE COMPLETED BY THE CLERK OF THE DISTRICT COURT OR BY A NOTARY