

# INSTRUCTIONS FOR FILLING OUT PETITION AND AFFIDAVIT FOR HARASSMENT PROTECTION ORDER.

**NOTE: THE USE OF THE INFORMATION WORKSHEET FOR THE HARASSMENT PROTECTION ORDER WILL ASSIST YOU IN COMPLETING THIS FORM.**

## HEADING:

- Enter the name of the county where you are filing this petition and affidavit.
- Enter the first, middle and last names of the petitioner (your name).
- Enter the first, middle and last names of the additional petitioner(s) or minor children who are to be covered by THIS petition and affidavit. PLEASE NOTE: Some courts require a separate petition for each person seeking protection. Check with the court in which you will be filing the request.
- 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 paragraph.

Check the box that represents your role in this case.

For instance – if you check the first box, the request is for protection just for yourself. If you check the second box you are asking for protection for you AND the “additional petitioners/minor children” who are listed in the heading and are also afraid of harassment. If you check the third box, the protection requested is only for “additional petitioners/minor children” listed in the heading, BUT not for yourself. If you check either the second or the third box, you will also check the box that represents your relationship to the additional petitioner(s) and/or minor child(ren).

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, enter the language that you speak.

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 3. 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. On the following line, enter the respondents telephone number.

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

Enter your relationship to the respondent (if any).

- Paragraph 6. Check the appropriate box. IF you 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 MOST RECENT series of acts of harassment toward the person(s) seeking protection.
- Paragraph 10. Enter the information for EACH of the additional petitioner(s)/minor child(ren). This information includes their full name, their age, their relationship to the respondent (this a drop down list if this form is being completed on line), check box if their address is the same as your address, or check box and available space if their address is different from your address.

SIGNATURE BLOCK:

**DO NOT SIGN THIS COMPLAINT 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**