

Help is available

Victim Advocates can assist you with the CPO process.

If you would like to speak with an advocate, you can call one of the following programs:

The Cocoon

419-373-1730

Bowling Green, OH

- For domestic violence (i.e., a case involving husband, wife, boyfriend, girlfriend, ex-partner or family members), sexual violence and stalking cases advocates can help with the CPO paperwork, answer questions and provide referrals.
- In addition to the court process, advocates also offer many other services including safety planning, support groups, crisis intervention, emergency safe housing and on-going assistance if you want to talk with someone about your situation.

First Step

419-435-7300

Fostoria, OH

1-800-466-6228

- Advocates can assist with filing CPO paperwork and applying for victims' compensation, assist in establishing VINE Notification, answer questions and provide referrals and provide referrals. First Step's advocates are registered with the State of Ohio.
- In addition to the court process, advocates also offer other services including safety planning, crisis intervention, shelter, a Hopeline phone, to provide support.

You may be eligible for free legal assistance**

If you need legal help for your full hearing, you can apply online at www.legalaidline.org or by calling Legal Aid Line of Western Ohio at 1-888-534-1432.

** Must meet income eligibility requirements.

IN THE COURT OF COMMON PLEAS
WOOD COUNTY, OHIO

Petitioner _____ : Case No. _____

On behalf of: (Family or Household Member)

_____ : Judge/Magistrate _____

Address (Safe mailing address) _____ :

City, State, Zip Code _____ :

PETITION FOR DATING VIOLENCE CIVIL PROTECTION ORDER (R.C. 3113.31)

Date of Birth ____ / ____ / ____ :

v. _____ :

Respondent _____ :

Address (If home address unknown, put work address) _____ :

City, State, Zip Code _____ :

Date of Birth ____ / ____ / ____ :

CHECK ALL BOXES THAT APPLY. IF YOU ARE ASKING FOR YOUR ADDRESS TO BE KEPT CONFIDENTIAL, PLEASE PUT A MAILING ADDRESS WHERE YOU CAN SAFELY RECEIVE MAIL. IF YOU ARE A PARTICIPANT IN THE SECRETARY OF STATE'S ADDRESS CONFIDENTIALITY PROGRAM, PLEASE USE THE P.O. BOX ADDRESS GIVEN TO YOU. THIS FORM IS A PUBLIC RECORD.

I or a witness need a foreign language interpreter in _____ or sign language interpreter per Sup.R. 88.

1. I want do not want an **ex parte (emergency) protection order** per R.C. 3113.31. I understand the Court will schedule a full hearing trial, no matter if the ex parte protection order is granted, denied, or not requested.

2. I am filing the Petition for me and am in fear of continuing danger.

a. I was 18 years old or older when the violence took place.

b. I am or was in a dating relationship with Respondent within one year before the violence took place.

3. I am filing the Petition for my adult family or household member, and my adult family or household member is in fear of continuing danger.

- a. My adult family or household member was 18 years old or older when the violence took place.
- b. My adult family or household member is or was in a dating relationship with Respondent within one year before the violence took place.

4. I have listed below all family or household members who need protection other than me or the person for whom I am filing the Petition **(Leave blank if you are not seeking protection for other family or household members.)**

NAME	DATE OF BIRTH	THIS PERSON IS PETITIONER'S

- 5. Respondent committed an act of violence against me or my adult family or household member, for whom I am filing the Petition.
- 6. Respondent was 18 years old or older when the violence took place.
- 7. I or my adult family or household member, for whom I am filing this Petition, have/has or had a romantic or intimate relationship with the Respondent.
- 8. My relationship or the relationship of my adult family or household member, for whom I am filing this Petition, with Respondent was **neither** a casual acquaintanceship **nor** an ordinary business or social relationship.
- 9. Describe the relationship with Respondent. (If you need more space attach another page.) Include:
 - Whether you or your adult family household member developed a special bonding beyond a casual acquaintanceship or an ordinary business or social relationship
 - Length of the relationship with Respondent
 - Nature and frequency of contact with Respondent, including whether you or your adult family or household member, for whom you are filing, had an intimate relationship with Respondent and communications that would show the relationship with Respondent was more than a casual acquaintanceship or an ordinary business or social relationship
 - Expectations about the relationship with Respondent
 - Statements or conduct by Respondent or you or your family or household member that would show to the Court the depth of or commitment to the relationship
 - Any other reason or explanation to show to prove the dating relationship

10. (1) Describe Respondent's threats or actions that made you afraid. (2) When did it happen (if you do not know exact dates, give approximate dates)? (3) Explain why you believe you are in danger? **If you need more space, attach an additional page.**

11. Tell the Court, **if you want and know**, about any of the following:

a. Respondent's history of domestic violence or history of other violent acts or under court, parole, or probation supervision:

b. Respondent's history of mental health problems:

c. Respondent's history of violating court orders:

d. Respondent's threats to other persons:

e. Respondent's access to deadly weapons, firearms, and ammunition, or has a history of using deadly weapons: (**If you know**, tell the Court number, type, and location of weapons, firearms, and ammunition.)

f. Respondent's history of abusing alcohol or other drugs:

g. Respondent's violence resulted in serious physical injury, forced sex, strangulation (or choking), abuse during pregnancy, abuse of animals, and/or forced entry:

h. Recent separation from Respondent or relationship was recently terminated:

i. Respondent's obsessive and controlling behaviors, including stalking, spying, following, and/or isolation:

j. Respondent's suicidal or homicidal thoughts:

12. I further requests that the Court grant relief under R.C. 3113.31 to protect the Petitioner and/or the family or household members named in this Petition from domestic violence by granting a civil protection order that: (Check all boxes that apply.)

- a. Directs Respondent to not abuse Petitioner and the family or household members named in this Petition by harming, attempting to harm, threatening, following, stalking, harassing, forcing sexual relations upon them, or by committing sexually oriented offenses against them.
- b. Directs Respondent to not enter, approach, or contact by any means the residence, school, business, and place of employment of Petitioner and the family or household members named in this Petition.
- c. Directs Respondent to not approach or have contact by any means with the Petitioner and the family or household members named in this Petition.
- d. Directs Respondent to not remove, damage, hide, harm, or dispose of any companion animals or pets owned or possessed by Petitioner.
- e. Grants Petitioner permission to take Petitioner's pets or companion animals, as described below, away from the possession of Respondent:

f. Directs Respondent to permit Petitioner to have exclusive use of the following motor vehicle:

g. Directs Respondent to complete counseling, substance abuse counseling, or other treatment or intervention as determined necessary by the Court.

h. Directs the wireless service provider to separate Petitioner's account from Respondent's account, per R.C. 3113.45 to 3113.459. Petitioner will assume all financial responsibility for any costs associated with the wireless service number and any costs for the device associated with the wireless service number. The Respondent's billing telephone number is _____.

Petitioner's contact information is on page 1 of this Petition. Following is the wireless service numbers to be transferred to the Petitioner which are used by Petitioner or the minor children in the care of the Petitioner:

i. Includes the following additional provisions:

13. Petitioner further requests that the Court issue no mutual protection orders or other orders against Petitioner unless all of the conditions of R.C. 3113.31(E)(4) are met.
14. Petitioner further requests that if Petitioner has a victim advocate, the Court permit the victim advocate to accompany Petitioner at all stages of these proceedings as required by R.C. 3113.31(M).
15. Petitioner further requests at the ex parte hearing or full hearing that the Court grant such other relief as the Court considers equitable and fair, including orders or directives to law enforcement.
16. Petitioner has listed court cases (including children service/CPS case, animal cruelty, sexually oriented offense, no contact order, and protection order) and other legal matters regarding Respondent which may relate to this case :

CASE NAME	CASE NUMBER	COURT/COUNTY	TYPE OF CASE	RESULT OF CASE

I hereby swear or affirm that the answers above are true, complete, and accurate to the best of my knowledge. I understand that falsification of this document may result in a contempt of court finding against me which could result in a jail sentence and fine, and that falsification of this document may also subject me to criminal penalties for perjury under R.C. 2921.11.

SIGNATURE OF PETITIONER

DATE

IF YOU DO NOT HAVE AN ATTORNEY, PLEASE LEAVE THE INFORMATION BELOW BLANK.

Signature of Attorney

Attorney's Registration Number

Name of Attorney

Attorney's Telephone

Attorney's Address

Attorney's Fax

City, State, Zip Code

Attorney's Email

IN THE COURT OF COMMON PLEAS

COUNTY, OHIO

Petitioner

: Case No. _____

v.

: Judge/Magistrate _____

Respondent

:

REQUEST FOR SERVICE

TO THE CLERK OF COURT:

Pursuant to Civ.R. 65.1(C)(2), please serve Respondent a copy of the Petition, ex parte protection order, if granted, and any other accompanying documents to the address below and as follows:

Personal service

Certified Mail, Return Receipt Requested

Other (specify) _____

Other (address): _____

Personal Service

Certified Mail, Return Receipt Requested

Other (specify) _____

SPECIAL INSTRUCTIONS TO SHERIFF:

SIGNATURE OF ATTORNEY OR PETITIONER

RETURN OF SERVICE

Respondent was served on _____

Officer and Badge Number

Law Enforcement Agency

Date

CLERK'S CERTIFICATE OF MAILING

Service of Process was sent by _____ this _____ day of _____

Attest: _____

Deputy Clerk