

## 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

\*choose option 2 to be connected to an advocate\*

- 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. 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, and 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](http://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 OF WOOD COUNTY, OHIO

Case No. \_\_\_\_\_

\_\_\_\_\_  
-VS-  
\_\_\_\_\_

## CASE DESIGNATION FORM

Has this case been previously filed and dismissed? \_\_\_\_\_

If yes, list Case No. and Judge: \_\_\_\_\_

List Pending or related cases: \_\_\_\_\_

### \*\*\*CATEGORIES\*\*\*

#### GENERAL CIVIL

\_\_\_\_\_**PROFESSIONAL TORT**  
(e.g. medical/legal malpractice)

\_\_\_\_\_**PRODUCT LIABILITY (TORT)**

\_\_\_\_\_**OTHER TORT**  
(e.g. auto accidents, personal  
Injuries, intentional act)

\_\_\_\_\_**WORKER'S COMPENSATION**

\_\_\_\_\_**FORECLOSURES** (e.g. real estate,  
Personal property)

\_\_\_\_\_**ADMINISTRATIVE APPEAL**  
(e.g. agency appeals)

\_\_\_\_\_**OTHER CIVIL**  
(e.g. promissory note defaults,  
Fraud, contract disputes)

\_\_\_\_\_**VIOLATION OF ANTI-PREDATORY LENDING LAW**

\_\_\_\_\_**CERT. OF QUALIFICATION OF EMP. [MISC. CIVIL (COE)]**

#### DOMESTIC RELATIONS

**DIVORCE COMPLAINT**

\_\_\_\_\_**With Children**

\_\_\_\_\_**Without Children**

**DISSOLUTION**

\_\_\_\_\_**With Children**

\_\_\_\_\_**Without Children**

\_\_\_\_\_**CHANGE OF CUSTODY**

\_\_\_\_\_**VISITATION ENFC/MDFC**

\_\_\_\_\_**SUPPORT ENFC/MDFC**

\_\_\_\_\_**DOMESTIC VIOLENCE**

\_\_\_\_\_**STALKING**

\_\_\_\_\_**U.R.E.S.A.**

\_\_\_\_\_**ALL OTHERS**

I **CERTIFY** that to the best my knowledge the within case is not related to any now pending or previously filed case, except as noted above.

Also, do you consider this case  
**COMPLEX LITIGATION**, pursuant to  
C.P. Sup. Rule 42 \_\_\_\_\_  
(yes/no)

\_\_\_\_\_  
Signature

COURT OF COMMON PLEAS  
WOOD COUNTY, OHIO  
GENERAL DIVISION

PERSONAL IDENTIFIERS

Pursuant to Ohio Rule of Superintendence 45 (D) (1):

“When submitting a case document to a court or filing a case document with a clerk of court, a party to a judicial action or proceeding shall omit personal identifiers from the case document.”

The following information is considered to be the confidential “personal identifiers” in this case, which will then be omitted from other documents filed in this case.

PETITIONER

NAME OF PETITIONER (you)

\_\_\_\_\_

SOCIAL SECURITY NUMBER (the entire number)

\_\_\_\_\_

EMAIL ADDRESS

\_\_\_\_\_

PHONE NUMBER

\_\_\_\_\_

DATE OF BIRTH

\_\_\_\_\_

RESPONDENT

NAME OF RESPONDENT

\_\_\_\_\_

SOCIAL SECURITY NUMBER (the entire number)

\_\_\_\_\_

EMAIL ADDRESS

\_\_\_\_\_

PHONE NUMBER

\_\_\_\_\_

DATE OF BIRTH

\_\_\_\_\_

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.





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