

IN THE COURT OF COMMON PLEAS
JUVENILE DIVISION
PORTAGE COUNTY, OHIO

_____	:	Petitioner	:	CASE NO: _____
_____	:	Address (Safe mailing address)	:	Judge/Magistrate _____
_____	:	City, State, Zip Code	:	
_____ / _____ / _____	:	Date of Birth:	:	
	:	v.	:	PETITION FOR JUVENILE CIVIL PROTECTION ORDER OR JUVENILE DOMESTIC VIOLENCE CIVIL PROTECTION ORDER (R.C. 2151.34 and 3113.31)
_____	:	Respondent	:	
_____	:	Address (If home address unknown, put the school or work address)	:	
_____	:	City, State, Zip Code	:	
_____ / _____ / _____	:	Date of Birth:	:	<input type="checkbox"/> Respondent is under 18 years old

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.

- 1. I need or a witness needs a foreign language interpreter in _____
or an American Sign Language interpreter per Sup.R. 88.
- 2. I want do not want an *ex parte* (emergency) protection order per R.C. 2151.34 or 3113.31. Petitioner further requests a full hearing trial even if the ex parte protection order is granted, denied, or not requested.
- 3. Who needs protection?
 - Me
 - My minor child
 - A family or household member, who is not a minor child
 - Other: _____
- 4. The relationship of Petitioner to Respondent is that of:
 - Parent or foster parent of Respondent
 - Respondent is the parent of my child
 - Relative by blood or marriage of Respondent or Petitioner and has lived with Respondent (please specify how you are related): _____

Petitioner is not related to Respondent (please specify how you know Respondent) _____

5. 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 including other family or household members**).

NAME (first, middle initial, and last)	DATE OF BIRTH	RELATIONSHIP TO PETITIONER
	/ /	
	/ /	
	/ /	
	/ /	

6. Petitioner is in fear and in continuing danger and requests the Court grant **Order** or **Juvenile Domestic Violence Civil Protection Order**.

Juvenile Civil Protection

7. You **must** describe the threats or acts that made you or your family or household members afraid, include if children were present when the acts happened. When did it happen? (If you do not know exact dates, give approximate dates). Explain why you believe you or your family or household members are in danger. **If you need more space, attach an additional page.**

8. Petitioner has listed court cases (including custody, visitation, paternity, child support, children service case, pending criminal case or conviction for domestic violence, felonious assault, aggravated assault, assault, aggravated menacing, menacing by stalking, menacing, or aggravated trespass; no contact order; stay away order; or other 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

9. Petitioner requests the Court grant relief under R.C. 2151.34 or 3113.31. Check all that apply.

a. Directs Respondent to not abuse Petitioner and the other persons named in this Petition by harming, attempting to harm, threatening, following, stalking, harassing, contacting, forcing sexual relations upon, or committing sexually oriented offenses against them.

b. Directs Respondent to not enter or have limited access to the following places (include name and address, as applicable) where Petitioner and the persons named in this Petition may be found, including the buildings, grounds, and parking lots at these places.

Residence: _____

School: _____

Business or Place of Employment: _____

Other (specify): _____

c. Directs Respondent to not approach or have contact by any means with Petitioner and persons named in this Petition.

d. Directs Respondent not to remove, damage, hide, or dispose of any property, companion animals, or pets owned by Petitioner.

e. Grants Petitioner permission to take Petitioner’s companion animals or pets, as described below, away from the possession of Respondent:

f. Directs Respondent to not possess, use, carry, or obtain any deadly weapon, firearms, and ammunition.

g. Directs Respondent to be electronically monitored because Respondent’s conduct has put or puts the health, welfare, or safety of Petitioner and the persons named in this Petition at risk. Describe Respondent’s conduct and how Respondent continues to present a danger to Petitioner and the persons named in this Petition. **If you need more space, attach an additional page.**

h. Directs Respondent to complete batterer counseling, substance abuse counseling, or other counseling as determined necessary by the Court.

- i. 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.

Respondent’s billing telephone number is: _____

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

- j. Includes the following additional provisions: _____

10. Petitioner further requests that the Court grant such other relief as the Court considers equitable and fair.

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

SIGNATURE OF PETITIONER

DATE

Name of Attorney (if applicable)

Attorney’s Fax

Signature of Petitioner’s Attorney

Attorney’s Registration Number

Attorney’s Address

Attorney’s Telephone

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