



### PETITION/MOTION FOR ORDER OF PROTECTION

Case No.   
Court \_\_\_\_\_  
County   
Division \_\_\_\_\_

PETITIONER

First Middle Last

(check one or both if applicable)  Petitioner filing on his/her own behalf  
 Petitioner filing on behalf of minor identified on Page 2

VS.

RESPONDENT

First Middle Last

#### Information about Respondent:

Current Residence: \_\_\_\_\_  
Usual Residence: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Employer Name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
School/Postsecondary Institution (if currently attending): \_\_\_\_\_  
Address: \_\_\_\_\_

Sex	Race	Birthdate	Height	Weight	Eyes	Hair	Social Security #	Drivers License #	State	Exp. Date

**CAUTION:**  Weapon involved  Believed to be armed and dangerous

Petitioner and Respondent are involved in a  divorce  custody  visitation case in \_\_\_\_\_ Court.

Petitioner says that on \_\_\_\_\_, 2\_\_\_\_, in \_\_\_\_\_ County, Kentucky, the above-named Respondent engaged in act(s) of domestic violence and abuse\*, dating violence and abuse\*, stalking, or sexual assault as described below. \*Includes act(s) taken against a household pet(s) as a means of coercion, control, punishment, intimidation, or revenge. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If additional space is needed please use a separate sheet of paper and attach to the Petition/Motion.

**Copies to:**

- |   |  |
|---|--|
| Court File  | Petitioner   |
| Respondent (copy with blacked-out portion served with summons)      | Local Department of Community Based Services, CHFS |
| Court Clerk in County of Petitioner's usual residence, if different | Law enforcement agency(ies) designated for service |
| Law enforcement agency/dispatch responsible for LINK entry          |  |

**ENSURE ENTRIES IN BOXES ARE COMPLETE, ACCURATE AND LEGIBLE TO ALLOW PROMPT ENTRY INTO LINK IF ORDER OR SUMMONS ISSUES, AND TO ENABLE THE COURT TO OBTAIN RESPONDENT'S DOMESTIC VIOLENCE AND CRIMINAL HISTORY.**



**1. Information about Petitioner or minor (if filing on behalf of a minor):**

Name: \_\_\_\_\_ Birthdate: [REDACTED] Age: \_\_\_\_\_



- 2. Respondent's relationship to Petitioner:**  married;  formerly married;  unmarried, with child in common;  
 unmarried, currently or formerly living together;  parent;  child;  stepparent;  grandparent;  grandchild;  
 person who lives in the same household as a child(ren) if the child(ren) is the alleged victim (*specify*):

currently or previously in a dating relationship. A "dating relationship" means a relationship of a romantic or intimate nature. Length of the relationship, frequency and type of interaction between Petitioner and Respondent may be considered.

none of the above relationships apply, but Respondent is alleged to have committed  stalking or  sexual assault

**3. If Petitioner and Respondent have minor children, complete the following:**

Name	Birthdate	Address	Parent is	Are you seeking protection for this child?
			<input type="checkbox"/> Pet. <input type="checkbox"/> Resp.	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Pet. <input type="checkbox"/> Resp.	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Pet. <input type="checkbox"/> Resp.	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Pet. <input type="checkbox"/> Resp.	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Pet. <input type="checkbox"/> Resp.	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Pet. <input type="checkbox"/> Resp.	<input type="checkbox"/> Yes <input type="checkbox"/> No

MOTION FOR RELIEF

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

Petitioner **OR**  Petitioner, on behalf of minor child, requests that the Court:

**(1) Issue an emergency or temporary protective order** based on the presence of an immediate and present danger of domestic violence and abuse, dating violence and abuse, stalking, or sexual assault to:

**restrain Respondent** from committing any further acts of domestic violence and abuse, dating violence and abuse, stalking, or sexual assault.

**restrain Respondent** from any unauthorized contact or communication with Petitioner or other person specified by the Court. If other person(s) are in need of protection, provide name, date of birth, and state why they need protection:

\_\_\_\_\_  
\_\_\_\_\_

*If you need to list additional names, please attach separate sheet of paper.*

Identify any exceptions you are requesting the Court to authorize:

The following limited contact or communication between the parties may be necessary:

\_\_\_\_\_  
\_\_\_\_\_

The parties may need to be closer than 500 feet in the following common area(s) under limited circumstances:

Common area/address: \_\_\_\_\_

Circumstances: \_\_\_\_\_

Common area/address: \_\_\_\_\_

Circumstances: \_\_\_\_\_

Common area/address: \_\_\_\_\_

Circumstances: \_\_\_\_\_

*If you need to list additional exceptions, please attach separate sheet of paper.*

**restrain Respondent** from going to or within a specified distance of a specifically described **residence, school, or place of employment, or area where such a place is located.**

*\*Any address information provided will not be considered confidential and will be available to Respondent.*

Location: 1 Main Street Lexington, KY 12345 Address line 3 test

What danger exists?: \_\_\_\_\_

Location: \_\_\_\_\_

What danger exists?: \_\_\_\_\_

Location: \_\_\_\_\_

What danger exists?: \_\_\_\_\_

*If you need to list additional locations, please attach separate sheet of paper.*

**restrain Respondent** from disposing of, or damaging, any property of the parties.

**direct Respondent to vacate** residence shared by the parties located at (*specify address*): \_\_\_\_\_;

**grant temporary custody** of minor child(ren).

**award temporary child support** in accordance with KY Child Support Guidelines. I will, if possible, document income of both parents at the hearing by producing income tax returns, paystubs or employer statements. If either parent is self-employed I will, if possible, produce receipts and expense statements. I understand Respondent will also be notified by **summons** to produce these documents.

**award possession** of the following shared domestic household pet(s) to Petitioner:

Pet: (*name*) \_\_\_\_\_ (*type/breed*) \_\_\_\_\_ (*color(s)*) \_\_\_\_\_

Pet: (*name*) \_\_\_\_\_ (*type/breed*) \_\_\_\_\_ (*color(s)*) \_\_\_\_\_

Pet: (*name*) \_\_\_\_\_ (*type/breed*) \_\_\_\_\_ (*color(s)*) \_\_\_\_\_

*If you need to list additional pets, please attach separate sheet of paper.*

**allow** (*check one*)  Petitioner or  Respondent to retrieve his or her personal belongings from the residence shared by the parties located at (*specify address*) \_\_\_\_\_ and direct law enforcement to assist.

**grant other relief** which would assist in stopping further violence and abuse, stalking, or sexual assault (*describe*):  
\_\_\_\_\_  
\_\_\_\_\_;

and,

**(2) Cause a summons to be issued for Respondent**, setting a date, time and place for a **hearing** to consider all relief to which Petitioner may be entitled, including those matters contained in paragraph (1) of this motion, and as appropriate, **mandatory** counseling for Respondent and other relief as may be authorized by statute.

**Petitioner states the allegations contained herein are true on information and belief.**

\_\_\_\_\_  
Petitioner's Signature

**NOTICE: ISSUANCE OR DENIAL OF AN EMERGENCY OR TEMPORARY PROTECTIVE ORDER DOES NOT PREVENT YOU FROM CONSULTING WITH THE COUNTY ATTORNEY ABOUT FILING CRIMINAL CHARGES AGAINST RESPONDENT.**

Subscribed and sworn to before me on \_\_\_\_\_, 2\_\_\_\_.

Date: \_\_\_\_\_, 2\_\_\_\_. \_\_\_\_\_ \*Name

\_\_\_\_\_ Title

*\*Must be signed by circuit clerk or other individual authorized by Court to provide and verify emergency petitions.*

**COURT ACTION:**

**EPO:**  Issued  Denied because:

Insufficient relationship  Fails to state an immediate and present danger of domestic violence and abuse.

**Summons for DVO Hearing:**  Issued  Denied because:  Insufficient relationship

Fails to state an act or threat of domestic violence and abuse.

**TIPO:**  Issued  Denied because:

Insufficient relationship  Fails to state an immediate and present danger of dating violence and abuse, stalking, or sexual assault.

**Summons for IPO Hearing:**  Issued  Denied because:  Insufficient relationship  Fails to state an act or threat of dating violence and abuse, stalking, or sexual assault.

Additional comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_, 2\_\_\_\_. \_\_\_\_\_ Judge

AOC-FC-3  
Rev. 10-17  
Commonwealth of Kentucky  
Court of Justice [www.courts.ky.gov](http://www.courts.ky.gov)

- Minor Children Involved  
 Protective Order Issued For:  
 Petitioner  
 Respondent



CIRCUIT  DISTRICT  FAMILY COURT  
**CASE DATA INFORMATION SHEET**

**For Office Use Only**

Case #: \_\_\_\_\_  
County: \_\_\_\_\_  
Division: \_\_\_\_\_

**PETITIONER:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone: (include area code) \_\_\_\_\_  
Email: \_\_\_\_\_  
DOB: \_\_\_\_\_  
SSN: \_\_\_\_\_  
Relationship to Respondent: \_\_\_\_\_

**RESPONDENT:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone: (include area code) \_\_\_\_\_  
Email: \_\_\_\_\_  
DOB: \_\_\_\_\_  
SSN: \_\_\_\_\_  
Relationship to Petitioner: \_\_\_\_\_

For ALL OTHER PARTIES to this case: please list below the name, current address, date of birth (DOB), social security number (SSN), and relationship to the Petitioner, of any other parties to this action, or children of the Petitioner or Respondent. If there is not enough room below, please attach a separate sheet with all the information requested.

**OTHER PARTIES/CHILDREN:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone: (include area code) \_\_\_\_\_  
DOB: \_\_\_\_\_  
SSN: \_\_\_\_\_  
Relationship to Respondent: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone: (include area code) \_\_\_\_\_  
DOB: \_\_\_\_\_  
SSN: \_\_\_\_\_  
Relationship to Respondent: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone: (include area code) \_\_\_\_\_  
DOB: \_\_\_\_\_  
SSN: \_\_\_\_\_  
Relationship to Petitioner: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone: (include area code) \_\_\_\_\_  
DOB: \_\_\_\_\_  
SSN: \_\_\_\_\_  
Relationship to Petitioner: \_\_\_\_\_

Please list any/all cases, pending, or heard within the last five (5) years, that have involved the parties or children of the parties in Family, District or Circuit Court. Please provide the case number, name of party and type of case:

\_\_\_\_\_  
\_\_\_\_\_

**NOTICE TO FILING PARTY: A REDACTED COPY MUST BE FILED PURSUANT TO CR 7.03. This form shall be completed in full, pursuant to local rule and in compliance with federal law.**

\_\_\_\_\_  
Signature of Preparer/Relationship to Petitioner  
Print Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone: (include area code) \_\_\_\_\_

**DISTRIBUTION:** Cabinet for Health and Family Services, placing a copy in the County Attorney's Wage Withholding Order Box in Circuit Clerk's Office