

STATE OF ILLINOIS, CIRCUIT COURT _____ COUNTY	PETITION FOR ORDER OF PROTECTION Civil Proceeding <input type="checkbox"/> Criminal Proceeding <input type="checkbox"/>	
Instructions ▼ Directly above, enter the county where you filed this case. Enter your name as Petitioner. Enter name of the person you are seeking protection from as Respondent. Enter the Case Number given by the Circuit Clerk. Check the boxes for ALL people you want to include in the <i>Order</i> . On the lines provided, enter the name for each person you are trying to protect. "Other household members" includes people living with you or working where you are staying.	Petitioner: _____ (First, middle, last name) v. Respondent: _____ (First, middle, last name) People to be Protected by this Order (check all that apply): Petitioner refers to any protected person in this <i>Order</i> . <input type="checkbox"/> Petitioner <input type="checkbox"/> Petitioner's minor children with Respondent: _____ <input type="checkbox"/> Petitioner's minor children not related to Respondent: _____ <input type="checkbox"/> Dependent adult: _____ <input type="checkbox"/> High-risk adult: _____ <input type="checkbox"/> Other household members: _____ _____	<i>For Court Use Only</i> Case Number _____ <input type="checkbox"/> Independent <input type="checkbox"/> Juvenile <input type="checkbox"/> Other Civil Proceeding <input type="checkbox"/> Criminal

NOTE: If you are completing this form for a minor child, dependent adult, or high-risk adult, insert information needed below as if you were that person. Do not use your information, except as directed at the bottom of page 10 where you will sign this form.

Check either or both boxes for the type of order you want. If you need protection today, check the first one. In background information 1, enter the address and email (if you have one) where you want to receive Court notices. If you do not want Respondent to know where you live, enter a different address where you can get mail. If you do not want Respondent to know your email, enter a different email where you can get Court notices. If you do not have another email, leave this blank.	TYPE OF ORDER OF PROTECTION REQUESTED AGAINST RESPONDENT (check all that apply) <input type="checkbox"/> Emergency Order of Protection (civil case)/ Ex Parte Protective Order (criminal case) <i>(These short-term Orders of Protection can be granted on the same day you file your Petition without advance written notice to Respondent because advance notice would cause more abuse).</i> <input type="checkbox"/> Plenary Order of Protection (civil case)/Final Protective Order (criminal case) <i>(These long-term Orders of Protection can only be granted at a court hearing after advance written notice to Respondent.)</i> BACKGROUND INFORMATION 1. <input type="checkbox"/> If Respondent should not know household address because it may cause more abuse, use this address for Court notices: <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> Street Address, Apt. # City State ZIP </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Email</div> <div style="display: flex; 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margin-bottom: 5px;"> Street Address, Apt. # City State ZIP </div>
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In 2, if you do not know Respondent's date of birth or Respondent's home or work address, write "do not know."

2. Respondent's Information

Respondent's date of birth: _____

Respondent's home address: _____
Street Address, Apt #
City
State
ZIP

Respondent's work information:

Employer
Street Address
City
State
ZIP

In 3, check all the boxes that describe your relationship to Respondent. For example, if you are requesting an *Order of Protection* against your mother, you will check the box next to "Child" because you are the child of the Respondent.

3. Petitioner's Relationship to Respondent (*check all that apply*)

- | | | |
|---|--|--|
| <input type="checkbox"/> Boyfriend / Girlfriend / Dating Relationship (including ex) (BG) | <input type="checkbox"/> Spouse (SE) | <input type="checkbox"/> Ex-Spouse (XS) |
| <input type="checkbox"/> Have Children with Respondent (never married to Respondent) (CC) | <input type="checkbox"/> Sharing or Shared Home (CS) | <input type="checkbox"/> Child (CH) |
| <input type="checkbox"/> Parent (PA) | <input type="checkbox"/> Brother / Sister / Sibling (SB) | <input type="checkbox"/> Other Family Member (OF) |
| <input type="checkbox"/> Other – Petitioner not Related to Respondent (OT) | <input type="checkbox"/> In-law (IL) | <input type="checkbox"/> Personal Caregiver to Disabled Petitioner (PC) |
| <input type="checkbox"/> Petitioner with Disability receives care from respondent (PD) | <input type="checkbox"/> Personal Assistant of Petitioner (PR) | <input type="checkbox"/> Grandchild (GC) |
| <input type="checkbox"/> Grandparent (GP) | <input type="checkbox"/> Step-Child (SC) | <input type="checkbox"/> Step-Brother / Step-Sister / Step-Sibling (SS) |
| <input type="checkbox"/> Prospective or Adoptive Child has Family or Household Relationship with Respondent | <input type="checkbox"/> Foster Child has Family or Household Relationship with Respondent | <input type="checkbox"/> Legally Appointed Guardian or Custodian of a Child who has a Family or Household Relationship with Respondent |
| <input type="checkbox"/> Step-Parent (SP) | | |

4. Is there now, or has there ever been, another *Order of Protection* entered against Respondent involving Petitioner? ☐ Yes ☐ No ☐ Do not know

If yes, list information about the cases:

Names of People Involved	State & County	Year

☐ I have listed additional case information on the *Additional Case Information* form.

5. Is there now, or has there ever been, another court case with Respondent involving Petitioner?

☐ Yes ☐ No ☐ Do not know If yes, list information about the cases:

Type of Case	State & County	Year

☐ I have listed additional case information on the *Additional Case Information* form.6. This *Petition* may be filed in this county because (*check all that apply*):

- ☐ Petitioner resides here.
☐ Respondent resides here.
☐ The abuse happened here.
☐ Petitioner fled here to avoid abuse.

Answer Sections 4 and 5 the best you can. If you check 'yes' but do not know some of the information asked for, then write "do not know."

If you need more room, check the box, fill out the *Additional Case Information* form, and file it with this *Petition*.

In 5, list all other types of court cases that you have been involved in with Respondent, such as divorce, custody, child support, parentage, parenting time, guardianship, adoption, and abuse and neglect cases.

In 6, check all boxes that are true.

In 7, start with what happened most recently. Enter the date and time and describe what happened.

Be as specific about dates and times as you can. You can include any past abuse and any criminal convictions that resulted.

If you don't remember exact dates of things that happened long ago, just enter the month and year.

7. An *Order of Protection* is needed because Respondent did these things:

Date: _____ Time: _____ What happened: _____

Date: _____ Time: _____ What happened: _____

Date: _____ Time: _____ What happened: _____

Date: _____ Time: _____ What happened: _____

If you need more room, fill out the *Additional Incidents of Abuse* form or your own extra pages and file it with this *Petition*.

☐ I have attached the *Additional Incidents of Abuse* form or my own extra pages.

In 1, check box 1 and each box below for the type of abuse you want to prevent. If you are unsure what the words after the boxes mean, you can look at definitions on the last page of this form.

PROTECTIONS REQUESTED BY PETITIONER

☐ 1. **No Abuse**

Respondent be ordered not to threaten or commit the following acts of abuse towards Petitioner (*check all that apply*):

- | | |
|--|--|
| <input type="checkbox"/> Harassment | <input type="checkbox"/> Intimidation of a Dependent |
| <input type="checkbox"/> Physical Abuse | <input type="checkbox"/> Exploitation of a High-Risk Adult with Disabilities |
| <input type="checkbox"/> Stalking | <input type="checkbox"/> Neglect of a High-Risk Adult with Disabilities |
| <input type="checkbox"/> Willful Deprivation | <input type="checkbox"/> Interference with Personal Liberty |

Check **2** if you want Respondent to stay away, at all times, from your home or provide you alternative housing.

Check **2a** if you want Respondent to stay away from your home. If you listed your address on page **1**, check the first box under **2a** and enter your address. If you did not list your address on page 1, check the second box under **2a**. Under **BECAUSE**, check the reason why Respondent should not be allowed to stay at the place you are living. Check **2b** if you want Respondent to provide you different housing.

In **3**, read the information in the box below and make sure that is what you want. If so, check box **3** and each box below that applies.

In **3a**, check if you want Respondent to stay away from places you need to go.

NOTE: Respondent will see these addresses. If you do not want Respondent to know where the children go to school, do not list it. Instead, check the box and fill out the *Confidential Name & Location of the School or Childcare Provider* form, and file it with the Circuit Clerk as "confidential."

Fill in **3b** only if Respondent attends the same school as Petitioner.

☐ **2. Possession of Residence** (check a or b)

These remedies do not affect who owns the property, only who gets to use or occupy it.

- ☐ a. Petitioner be granted exclusive possession of the residence and Respondent be ordered not to stay or be at the residence.
- ☐ Petitioner's residence is located at:

Street Address. Apt # City State ZIP

OR

- ☐ Petitioner's address is undisclosed.

BECAUSE (check one):

- ☐ Petitioner has a right to occupy the residence and Respondent has no right; OR
- ☐ Petitioner and Respondent both have a right to occupy the residence but it would be harder on Petitioner to leave.

OR

- ☐ b. Respondent be ordered to provide, and stay away from, alternate housing for Petitioner to live in because the parties share a residence. (available *ONLY* after actual notice to Respondent and/or a hearing with the judge).

☐ **3. Stay Away from Petitioner and Certain Places** (see box below)

Respondent be ordered to (check all that apply):

- ☐ Not have any communication with Petitioner.
- ☐ Stay away from Petitioner at all times.

IMPORTANT: If ordered to stay away from Petitioner, Respondent must not have ANY physical, non-physical, direct or indirect contact with Petitioner. If ordered to not communicate with Petitioner, communication includes oral communication, written communication, sign language, telephone and cell phone calls, faxes, texts, tweets, emails, posts, or communication by any other social media, and all other communication with Petitioner. This also includes contact or communication through others who may not know about the *Order of Protection*.

- ☐ a. Respondent be ordered not to be or stay at any of the following places while Petitioner is there:

- ☐ Places of employment of Petitioner, located at:

Name Street Address City State ZIP

Name Street Address City State ZIP

- ☐ Schools, kindergartens, or daycare centers of Petitioner, located at:

Name Street Address City State ZIP

Name Street Address City State ZIP

- ☐ I have given the name and location of the school or childcare provider on the *Confidential Name & Location of the School or Childcare Provider* form.

- ☐ Other locations:

Name Street Address City State ZIP

Name Street Address City State ZIP

- ☐ b. School Restrictions

_____ is an elementary, middle, or
School Name
 high school attended by both Respondent and Petitioner for whom protection is sought.

Respondent be ordered (*check one*):

- ☐ Not to attend Petitioner's school for as long as Petitioner is enrolled there;
- ☐ To accept a change of placement or program at Petitioner's school, as determined by the public school district or by a private or non-public school; OR
- ☐ Not to be present in these parts of Petitioner's school:

In 3c, if Respondent is a minor, include the name of Respondent's Parent or Guardian, if you know it.

- ☐ c. Requirements for Parents and Guardians

Respondent is a minor. To ensure that Respondent follows this *Order*, Respondent's Parent or Guardian _____

Name of Parent or Guardian

be ordered to:

Check 4 if you want Respondent to get evaluation and treatment and all the boxes under it that apply to your case.

NOTE: A judge can only order counseling at a hearing where Respondent is present or has been given formal written notice.

- ☐ 4. **Counseling** (*available ONLY after actual notice to Respondent and/or a hearing with the judge*)

☐ Respondent be ordered to participate in the following (*check all that apply*):

- ☐ A Domestic Violence Partner Abuse program.
- ☐ An alcohol and substance abuse evaluation and to successfully complete all recommendations.
- ☐ A mental health evaluation and to successfully complete all recommendations.
- ☐ Other (*please specify*):

Petitioner:

Fill out Section 5 only if you have children younger than 18 with Respondent.

In 5a, enter the names of all children under age 18 that you and Respondent have together.

Check the box after each child if you want to protect them from Respondent.

- ☐ 5. **Care and Possession of Children**

☐ a. Respondent and Petitioner are both the parents of these minor children:

Child's Name (<i>first, middle, last</i>)	Age	State of Residence	Included as a Protected Person?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

In 5b, check the boxes that apply to your children with Respondent.

- ☐ b. Parentage of the Children

☐ The parties are NOT married and parentage HAS NOT been established.
OR

☐ Parentage HAS been established because (*check one*):

- ☐ The children of the parties were born before or during the marriage of the parties, or within 300 days of termination of the marriage.
- ☐ The parties are NOT married but parentage HAS been established by one or more of the following:
- Both parties have signed a Voluntary Acknowledgment of Paternity (VAP) (*if both parties' names are on the birth certificate, both parties signed the VAP*)
 - A court or administrative order
 - Other:

- ☐ c. The primary caretaker of the minor children is (*check one*):

☐ Petitioner

Check 5c and check the box for the person who takes care of the children most of the time. If the primary caretaker of the children is someone other than you or Respondent, check the box for "Other person" and enter that person's name and address.

☐ Holidays:from: _____ to: _____
Time Time

Enter the name of the person who will be responsible for transportation during parenting time.

Enter the name or address of the place where pickup and return will take place.

Enter the address of the place where the parenting time will take place.

If you want an individual to supervise parenting time, enter that person's name on the line. The *Affidavit of Parenting Time Supervisor* form must be completed and signed by the supervisor. This *Affidavit* is not required if an agency or center is supervising.

In 8, check if you are afraid Respondent will hide your children or take them out of state.

In 9, check if Respondent has your children and you want them to be with you.

Check 10a if you want your things protected from Respondent. List things you want to keep with you.

Check 10b if Respondent has some or all of the property you listed in 10a. List the things you want back. Check all boxes below that apply to your case.

☐ The person responsible for transportation of the children for parenting time is:_____
Name☐ Pickup for parenting time to take place at:_____
Name of place (if any) Street Address City State☐ Return from parenting time to take place at:_____
Name of place (if any) Street Address City State☐ Parenting time will take place at:_____
Name of place (if any) Street Address City State☐ Parenting time will be supervised by:_____
Name of Supervisorwho has filed or will file an *Affidavit of Parenting Time Supervisor* form with the court accepting responsibility and acknowledging accountability.☐ Parenting time will be supervised at an official supervised visitation center (if available).☐ Respondent to return the children to Petitioner or the person designated by Petitioner Immediately at the end of parenting time.☐ **8. No Concealment or Removal of Children**

Respondent be ordered not to hide the children or remove them from Illinois.

☐ **9. Appear with Children** (check all that apply)

Respondent be ordered to appear in court with the children

☐ To prevent abuse, neglect, removal or concealment of the children.☐ To return the children to Petitioner.☐ To permit a court-ordered interview or examination of the children or Respondent.☐ **10. Possession of Personal Property** (check all that apply)☐ a. Petitioner be awarded possession of this property: __________

_____☐ b. Respondent be ordered to give Petitioner this property: __________

BECAUSE (check one):

☐ Petitioner, but not Respondent, owns the property.☐ Petitioner and Respondent both own the property. Sharing it would put Petitioner

In **10c**, check if you have things that Respondent may need immediately. Then check the boxes that fit your case and list any other items.

In **10d**, check if Respondent can enter the residence one time to get their things.

Check **10e** if you checked **10b** or **10c**. Enter the address where you want the transfer to happen.

In **10f**, check who you want to be there when it happens and enter that person's name. It may be safer if the transfer is in the presence of a law enforcement officer.

Enter the date and time you want to transfer these things.

Check **11** if you want your things protected from Respondent and list what you want protected. Then, check all the boxes below the lines that apply to your case.

Check Restrictions on Resources to stop Respondent from using an elderly person's money or property for themselves.

In **11.5**, check to protect your pets from Respondent.

In **12**, check if you want Respondent to give you money to help you or children you have together. If you have it, bring proof of income to the next court date.

In **13**, check all boxes that apply to your case. If you know, enter the amount of the cost in the blank. If you are not sure, you can estimate. Bring receipts, including proof of

at risk for abuse or is not practical. Not having the property would be harder on Petitioner.

☐ The parties are married and a divorce case ☐ has ☐ has not been filed.

☐ c. Respondent be awarded possession of: ☐ clothing, ☐ medicine, AND/OR
☐ other personal property(list): _____

☐ d. Respondent be given the right to enter the residence only one time to retrieve their property, but only in the presence of law enforcement or another person named below.

☐ e. Transfer of Personal Property
 Property to be transferred at:

Street Address, Apt # City State ZIP

☐ f. Property to be transferred in the presence of (check one):

☐ Law enforcement:

Name of law enforcement agency

to be arranged with law enforcement.

☐ Another person:

Name

Transfer Date: _____ Time: _____

☐ **11. Restrictions on Property**

☐ Respondent be ordered not to take, damage, or otherwise dispose of this property:

 BECAUSE (check one):

☐ Petitioner, but not Respondent, owns the property.

☐ Petitioner and Respondent both own the property. Not having the property would be harder on Petitioner.

☐ The parties are married and a divorce case ☐ has ☐ has not been filed.

☐ Restriction on Resources of an Elderly Petitioner

Respondent be ordered not to use financial or other resources of an elderly Petitioner for the benefit of Respondent or any other person.

☐ **11.5 Possession of Animals**

Petitioner be awarded possession of these animals: _____

Name and description of each animal

☐ **12. Temporary Support** (available **ONLY after** actual notice to Respondent, and/or a hearing with the judge, check all that apply)

Respondent be ordered to pay support as follows:

☐ Respondent pay temporary child support

☐ Respondent pay temporary maintenance (formerly called spousal support or alimony)

☐ **13. Payment for Losses because of Abuse** (available **ONLY after** actual notice to Respondent and/or a hearing with the judge, check all that apply)

☐ Respondent be ordered to pay Petitioner for losses caused by abuse, neglect, or exploitation, including:

☐ Medical expense..... \$ _____

payment, and estimates of repairs to court if you have them.

NOTE: A judge can only order economic remedies be awarded at a hearing where Respondent is present or has been given formal written notice.

If you checked any box in Section 2 or one of the first two boxes in Section 3, you cannot check box 14.

In 14.5, check if you want to ask for guns to be taken away and Respondent is a current intimate partner of Petitioner and represents a threat to the physical safety of Petitioner or Petitioner's child. Then check all boxes that fit your case.

NOTE: A judge can only order guns to be taken away at a hearing where Respondent is present or has been given formal written notice.

In 15, check if you do not want Respondent to get your children's school records or other records. These records could provide Respondent with your protected address. Check all boxes that apply to your case.

In 16, check if you want Respondent to pay the shelter. If you know, enter the amount of the cost in the blank. If you are not sure, you can estimate. Bring receipts to court if you have them.

Check 17 if there are other things you want Respondent to do or to stop doing. List those things on the lines. Explain the reasons on the lines after "Because."

<input type="checkbox"/> Lost earnings.....	\$ _____
<input type="checkbox"/> Repair or replace property damaged or taken.....	\$ _____
<input type="checkbox"/> Moving and other travel expenses.....	\$ _____
<input type="checkbox"/> Reasonable expenses for housing other than a domestic violence shelter.....	\$ _____
<input type="checkbox"/> Expenses for search and recovery of children.....	\$ _____
<input type="checkbox"/> Reasonable attorney's fees.....	\$ _____
<input type="checkbox"/> Other: _____	\$ _____

- ☐ **14. No Entry or Presence Under Influence**
Respondent is allowed at the Petitioner's residence, but cannot be or stay there while under the influence of drugs or alcohol. This would be a threat to the safety or well-being of Petitioner or Petitioner's children.

- ☐ **14.5 FIREARMS** (available **ONLY after** actual notice to Respondent and/or a hearing with the judge)
☐ Respondent is a current or former intimate partner of the Petitioner and represents a threat to the physical safety of Petitioner or Petitioner's child. Respondent should be ordered to turn over all firearms in their possession.

In addition, Respondent (check all that apply):

- ☐ Has a history of violence.
☐ Has a history of possession or use of firearms.
☐ Carries a firearm on their person or in a vehicle.
Make and model of vehicle: _____
☐ May be a threat to the safety of the public or police officer.
☐ Is now, or has been, suicidal.

- ☐ **15. Children's Records**
Respondent should not be allowed to access, inspect, or obtain school records, healthcare records, or any other records of the children **BECAUSE** (check all that apply):
☐ Petitioner is requesting that Respondent not be allowed to have contact with the minor children.
☐ The actual address of Petitioner is not included in this *Petition* due to the risk of further abuse.
☐ It is necessary to prevent abuse or wrongful removal or concealment of the children.

- ☐ **16. Shelter Reimbursement** (available **ONLY after** actual notice to Respondent and/or a hearing with the judge)
Respondent be ordered to reimburse a shelter providing temporary housing or counseling to Petitioner..... \$ _____

- ☐ **17. Miscellaneous Remedies**
Respondent be ordered to:

BECAUSE: _____

In 18, check if you are on Respondent's cell phone plan and you want to separate your account. Enter the provider name and telephone numbers.

☐ **18. Telephone Services**

A wireless telephone provider should transfer from Respondent to Petitioner the right to continue to use their own telephone numbers and be responsible for the cost of them. Petitioner, or a minor child in Petitioner's custody, uses the telephone numbers.

Provider: _____

Name of Account Holder: _____

Billing Phone #: _____

Petitioner's Phone #s: _____

Petitioner's Phone #s: _____

Under the Code of Civil Procedure, [735 ILCS 5/1-109](#), making a statement on this form that you know to be false is perjury, a Class 3 Felony.

If you are completing this form on a computer, sign your name by typing it. If you are completing it by hand, sign and print your name.

If prepared by someone other than Petitioner, that person should enter their name, address, phone number, and email address.

I certify that everything in the *Petition for Order of Protection* is true and correct. I understand that making a false statement on this form is perjury and has penalties provided by law under [735 ILCS 5/1-109](#).

/s/

Petitioner Signature

Petitioner Name

Prepared by: _____

Street Address: _____

City, State, ZIP: _____

Phone Number: _____

Email: _____

Attorney # (if any): _____

DEFINITION OF TERMS USED IN THIS PETITION

These definitions are incorporated in and made a part of the *Petition* to which they are attached.

1. **Abuse:** "Abuse" means physical abuse, harassment, intimidation of a dependent, interference with personal liberty or willful deprivation but does not include reasonable direction of a minor child by a parent or person *in loco parentis*.
2. **Adult with Disabilities:** "Adult with Disabilities" means an elder adult with disabilities or a high-risk adult with disabilities. A person may be an adult with disabilities for purposes of this Act even though he or she has never been adjudicated an incompetent adult. However, no court proceeding may be initiated or continued on behalf of an adult with disabilities over that adult's objection, unless such proceeding is approved by his or her legal guardian, if any.
3. **Elder Adult with Disabilities:** "Elder adult with disabilities" means an adult prevented by advanced age from taking appropriate action to protect himself or herself from abuse by a family or household member.
4. **Exploitation:** "Exploitation" means the illegal, including tortious, use of a high-risk adult with disabilities or of the assets or resources of a high-risk adult with disabilities. Exploitation includes, but is not limited to, the misappropriation of assets or resources of a high-risk adult with disabilities by undue influence, by breach of a fiduciary relationship, by fraud, deception, or extortion, or the use of such assets or resources in a manner contrary to law.
5. **Family or Household Members:** Include spouses, former spouses, parents, children, stepchildren and other persons related by blood or by present or prior marriage, persons who share or formerly shared a common dwelling, persons who have or allegedly have a child in common, persons who share or allegedly share a blood relationship through a child, persons who have or have had a dating or engagement relationship, persons with disabilities and their personal assistants, and caregivers as defined in Section 12-4.4a of the Criminal Code of 2012. For purposes of this paragraph, neither a casual acquaintanceship nor ordinary fraternization between two individuals in business or social contexts shall be deemed to constitute a dating relationship. In the case of a high-risk adult with disabilities, "family or household members" includes any person who has the responsibility for a high-risk adult as a result of a family relationship or who has assumed responsibility for all or a portion of the care of a high-risk adult with disabilities voluntarily, or by express or implied contract, or by court order.
6. **Harassment:** "Harassment" means knowing conduct which is not necessary to accomplish a purpose that is reasonable under the circumstances, would cause a reasonable person emotional distress, and does cause emotional distress to Petitioner. Unless the presumption is rebutted by a preponderance of the evidence, the following types of conduct shall be presumed to cause emotional distress:
 - a. creating a disturbance at Petitioner's place of employment or school; or
 - b. repeatedly telephoning Petitioner's place of employment, home or residence; or
 - c. repeatedly following Petitioner about in a public place or places; or
 - d. repeatedly keeping Petitioner under surveillance by remaining present outside his or her home, school, place of employment, vehicle or other place occupied by Petitioner or by peering in Petitioner's windows; or
 - e. improperly concealing a minor child from Petitioner, repeatedly threatening to improperly remove a minor child of Petitioner's from the jurisdiction or from the physical care of Petitioner, repeatedly threatening to conceal a minor child from Petitioner, or making a single such threat following an actual or attempted improper removal or concealment, unless Respondent was fleeing an incident or pattern of domestic violence; or
 - f. threatening physical force, confinement or restraint on one or more occasions.
7. **High-risk Adult with Disabilities:** "High-risk adult with disabilities" means a person aged 18 or over whose physical or mental disability impairs his or her ability to seek or obtain protection from abuse, neglect, or exploitation.
8. **Interference with Personal Liberty:** "Interference with personal liberty" means committing or threatening physical abuse, harassment, intimidation or willful deprivation so as to compel another to engage in conduct from which she or he has a right to abstain or to refrain from conduct in which she or he has a right to engage.
9. **Intimidation of a Dependent:** "Intimidation of a dependent" means subjecting a person who is dependent because of age, health or disability to participation in or the witnessing of: physical force against another or physical confinement or restraint of another which constitutes physical abuse as defined in this Act, regardless of whether the abused person is a family or household member.
10. **Neglect:** "Neglect" means the failure to exercise that degree of care toward a high-risk adult with disabilities which a reasonable person would exercise under the circumstances and includes but is not limited to:
 - a. the failure to take reasonable steps to protect a high-risk adult with disabilities from acts of abuse; or
 - b. the repeated, careless imposition of unreasonable confinement; or
 - c. the failure to provide food, shelter, clothing, and personal hygiene to a high-risk adult with disabilities who requires such assistance; or
 - d. the failure to provide medical and rehabilitative care for the physical and mental health needs of a high-risk adult with disabilities; or
 - e. the failure to protect a high-risk adult with disabilities from health and safety hazards.

Nothing in this definition shall be construed to impose a requirement that assistance be provided to a high-risk adult with disabilities over his or her objection in the absence of a court order, nor to create any new affirmative duty to provide support to a high-risk adult with disabilities.
11. **Petitioner:** "Petitioner" may mean not only any named petitioner for the order of protection and any named victim of abuse on whose behalf the petition is brought, but also any other person protected by this Act.
12. **Physical Abuse:** "Physical abuse" includes sexual abuse and means any of the following:
 - a. knowing or reckless use of physical force, confinement or restraint; or
 - b. knowing, repeated and unnecessary sleep deprivation; or
 - c. knowing or reckless conduct which creates an immediate risk of physical harm.
13. **Stalking:** "Stalking" means knowingly and without lawful justification, on at least two (2) separate occasions, following another person or placing the person under surveillance or any combination thereof and:
 - a. at any time transmitting a threat of immediate or future bodily harm, sexual assault, confinement or restraint and the threat is directed towards that person or a family member of that person; or
 - b. placing that person in reasonable apprehension of immediate or future bodily harm, sexual assault, confinement or restraint; or
 - c. placing that person in reasonable apprehension that a family member will receive immediate or future bodily harm, sexual assault, confinement, or restraint.
14. **Willful Deprivation:** "Willful deprivation" means willfully denying a person who because of age, health or disability requires medication, medical care, shelter, food, therapeutic device, or other physical assistance, and thereby exposing that person to the risk of physical, mental or emotional harm, except with regard to medical care or treatment when the dependent person has expressed an intent to forego such medical care or treatment. This paragraph does not create any new affirmative duty to provide support to dependent persons.