



# PETITION FOR ORDER OF PROTECTION

IN THE STATE OF ILLINOIS, CIRCUIT COURT

☐ **Amended Petition**

*Check the box if you already filed a Petition and want to change it.*

**COUNTY:** \_\_\_\_\_

*County Where You Are Filing the Case*

*Enter the case information as it appears on your other court documents.*

**PETITIONER:** \_\_\_\_\_

*Who started the case. First, Middle, and Last Name*

Filing on behalf of a ☐ minor or ☐ high-risk adult: \_\_\_\_\_

**RESPONDENT:** \_\_\_\_\_

*Who you are seeking protection from. First, Middle, and Last Name*

\_\_\_\_\_ **Case Number**

If you are completing this form on behalf of a minor child, dependent adult, or high-risk adult, fill out information below as if you were that person. Do not use your information, except as directed at the bottom of page 13 where you will sign this form.

## I am asking to protect the following people:

Check the boxes for **all** people you want to include in the *Order* and include their names.

☐ Petitioner: \_\_\_\_\_

☐ Petitioner's minor children with Respondent:  
\_\_\_\_\_  
\_\_\_\_\_

☐ Petitioner's other minor children:  
\_\_\_\_\_  
\_\_\_\_\_

☐ Dependent adult: \_\_\_\_\_

☐ High-risk adult: \_\_\_\_\_

☐ Other household members:  
\_\_\_\_\_  
\_\_\_\_\_

## Petitioner fills out:

☐ **Civil Petition**  
Petitioner is requesting this Order of Protection be heard as a **civil matter**, not as a part of any criminal case.

\_\_\_\_\_ *Related Civil Case Number*

☐ **Criminal Petition**  
Petitioner is requesting this Order of Protection be heard with a **criminal or delinquency case** against Respondent due to the same incident.

\_\_\_\_\_ *Related Criminal or Delinquency Case Number (if known)*

## TYPE OF ORDER OF PROTECTION REQUESTED AGAINST RESPONDENT *(check all that apply):*

*Check either or both boxes for the type of order you want. If you need protection today, check the first one.*

☐ **Emergency Order of Protection (civil case) / Ex Parte Protective Order (criminal case)**  
*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.*

☐ **Plenary Order of Protection (civil case) / Final Protective Order (criminal case)**  
*These long-term Orders of Protection can only be granted at a court hearing after advance written notice to Respondent.*



## D. How is Respondent related to Petitioner? (check all that apply)

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.

- ☐ Current or past dating relationship (BG)
- ☐ Have children together; never married (CC)
- ☐ Has or allegedly has a child together
- ☐ Related through current or past marriage:
- ☐ Spouse (SE)
  - ☐ Ex-Spouse (XS)
  - ☐ In-law (IL)
  - ☐ Step-Child (SC)
  - ☐ Step-Brother / Step-Sister / Step-Sibling (SS)
  - ☐ Other Family Member (OF)
- ☐ Sharing or have shared a home (CS)
- ☐ Related through blood:
- ☐ Child (CH)
  - ☐ Parent (PA)
  - ☐ Brother / Sister / Sibling (SB)
  - ☐ Grandchild (GC)
  - ☐ Grandparent (GP)
  - ☐ Other Family Member (OF)
- ☐ Has a blood relationship through a child
- ☐ Has a family or household relationship with a child who is the:
- ☐ adoptive, prospective adoptive, or foster child of the Petitioner; or
  - ☐ of whom the Petitioner is the legal guardian or custodian
- ☐ Personal caregiver of the Petitioner, who has disabilities or who otherwise needs care

Answer Sections E and F 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.

## E. Is there now, or has there ever been, another Order of Protection entered between Petitioner and Respondent?

☐ Yes ☐ No ☐ Do not know

If yes, list information about the cases:

Names of People Involved	County & State	Year	Case No.	Pending?
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

## F. Is there now, or has there ever been, another court case between Petitioner and Respondent?

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, criminal, or abuse and neglect cases.

☐ Yes ☐ No ☐ Do not know

If yes, list information about the cases:

Names of People Involved	County & State	Year	Case No.	Pending?
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

*It is important to be as detailed as you can, with times and dates if you know them or as close as possible. **Include facts that support or explain whatever protections you are asking for.** Start with the most recent incident or event that caused you to file this Petition.*

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Description of what happened:

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Date: \_\_\_\_\_ Time: \_\_\_\_\_ Description of what happened:

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Date: \_\_\_\_\_ Time: \_\_\_\_\_ Description of what happened:

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Date: \_\_\_\_\_ Time: \_\_\_\_\_ Description of what happened:

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☐ I needed more room. I filled out the attached *Additional Incidents of Abuse* form or my own extra pages and filed it with this *Petition*.



## PROTECTIONS REQUESTED BY PETITIONER

### ☐ 1. No Abuse

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

*Check each box for the type of abuse you want to prevent. If you are not sure what a word means, you can look at definitions on the last page of this form.*

- |  |  |
|--|--|
| <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                  |

☐ **2. Possession of Residence**

*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 to stay away or not be at the residence **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 or any children or dependents of the Petitioner to leave.

b. Petitioner's residence is located at (*check one*):

If you did not list your address on page 2, check the first box to keep it confidential. Check the second box and enter your address if you listed it on page 2.

☐ Petitioner's address is confidential.

or

☐

Street, Apt. #

City

State

ZIP

☐ c. Respondent be ordered to provide different housing, and stay away from that 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, Protected People, and Certain Places** (*see box below*)

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

Respondent be ordered to (*check all that apply*):

☐ a. Stay away from Petitioner and protected people at all times, and not have any contact, including through third parties.

**IMPORTANT:** If ordered to stay away from Petitioner and protected people, Respondent must not have ANY physical, non-physical, direct, or indirect contact with Petitioner and protected people. This 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 and protected people. This also includes contact or communication through others who may not know about the *Order of Protection*.

☐ b. Not go to or stay at any of the following places while Petitioner is there:

**NOTE:** Respondent will see these addresses. If you do not want Respondent to know any of these addresses do not list it and instead check the box below the address line

☐ Places of employment of Petitioner, located at:

Name

Street Address

City

State

ZIP

or ☐ I wish to keep the address confidential

Name

Street Address

City

State

ZIP

or ☐ I wish to keep the address confidential

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

\_\_\_\_\_  
*Name*                      *Street Address*                      *City*                      *State*                      *ZIP*  
 or ☐ I wish to keep the address confidential

\_\_\_\_\_  
*Name*                      *Street Address*                      *City*                      *State*                      *ZIP*  
 or ☐ I wish to keep the address confidential

☐ Other locations:

\_\_\_\_\_  
*Name*                      *Street Address*                      *City*                      *State*                      *ZIP*  
 or ☐ I wish to keep the address confidential

\_\_\_\_\_  
*Name*                      *Street Address*                      *City*                      *State*                      *ZIP*  
 or ☐ I wish to keep the address confidential

☐ c. School Restrictions

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

\_\_\_\_\_ is an elementary, middle, or high school  
*School Name*                      attended by both Respondent and Petitioner.

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:

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

☐ d. 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: \_\_\_\_\_  
 \_\_\_\_\_

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

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

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

☐ 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*): \_\_\_\_\_



## INFORMATION ABOUT CHILDREN IN COMMON (SECTIONS 5-9)



**Petitioner:** Fill out "Information about Children in Common" and Sections 5-9 only if you have children younger than 18 with Respondent.

☐ Both Petitioner (P) and Respondent (R) are the parents of these minor children:

*Enter the names of all children under age 18 that you and Respondent have (or allegedly have) together.*

*NOTE: Legal parentage of a child may be established in the following ways: 1) There is a presumption of parentage because the parties are or were married or civilly united and the child was born during the marriage/union, within 300 days of its termination, or before the marriage/union and both parents' names have been added to their birth certificate. 2) Both parties have signed a Voluntary Acknowledgement of Paternity (VAP). 3) There is a court order or administrative order establishing parentage. 4) By giving birth to the child.*

Child's Name (first, middle, and last)	Age	State of Residence	Legal Parentage Already Established for Petitioner (P) / Respondent (R)	Included as a Protected Person
			<input type="checkbox"/> - P <input type="checkbox"/> - R <input type="checkbox"/> Unsure	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> - P <input type="checkbox"/> - R <input type="checkbox"/> Unsure	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> - P <input type="checkbox"/> - R <input type="checkbox"/> Unsure	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> - P <input type="checkbox"/> - R <input type="checkbox"/> Unsure	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> - P <input type="checkbox"/> - R <input type="checkbox"/> Unsure	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> - P <input type="checkbox"/> - R <input type="checkbox"/> Unsure	<input type="checkbox"/> Yes <input type="checkbox"/> No

I am asking the court to make decisions about the children because (*check all that apply*):

- ☐ The children have lived in Illinois for the past six (6) months or if the children are younger than six (6) months old, they have lived in Illinois since they were born.
- ☐ I live in Illinois but someone else took the children out of Illinois within the past six (6) months. Before they were taken out of Illinois, the children lived here for at least six (6) months.
- ☐ The children are in Illinois because we fled here to avoid abuse of me or the children in another state.
- ☐ I'm not asking the court to make decisions about the children.

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

*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.*

☐ Petitioner ☐ Respondent

☐ Other person: \_\_\_\_\_  
Name

Street, Apt. #

City

State

ZIP

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

Check if you are protecting children you have with Respondent. Check the boxes that apply to your case and fill in the information.

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

Petitioner requests the following (check all that apply):

- ☐ Petitioner be granted physical care and possession of the minor children.
- ☐ Respondent be ordered to return the minor children to the physical care of Petitioner or another person: \_\_\_\_\_.
- ☐ Respondent be ordered to not remove the minor children from the physical care of Petitioner or from a school or childcare provider.
- ☐ 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.

☐ **6. Temporary Significant Decision-Making Responsibility (formerly custody)**

Check if you want significant decision-making responsibility (formerly custody).

(This remedy is available **only after** actual notice to Respondent and/or a hearing with the judge)

Petitioner requests temporary significant decision-making responsibility for the minor children.

☐ **7. Respondent's Parenting Time with the Minor Children (formerly visitation)**

Check box **a, b, c, or d** to let the court know if, how, and when Respondent should have parenting time.

Petitioner requests that the court order parenting time as follows (check one—a, b, c, or d):

- ☐ a. GRANT parenting time for Respondent without restrictions (if granting, fill out schedule below in part **7e**).
- ☐ b. RESERVE parenting time until a later hearing (this means the Court does not make any decisions on parenting time right now). (If you checked reserve, skip to Section **8**.)
- ☐ c. DENY parenting time for Respondent—no visits at all. (If you checked deny, **check your reason below** and then skip to **8**.)
- ☐ d. RESTRICT parenting time for Respondent (Visits with limits. **Check your reasons below**, then fill out the schedule below in **7e**.)

If you checked to **Deny** or **Restrict** in **7c** or **7d**, check all reasons that apply.

Respondent is likely to (check all that apply):

- ☐ Abuse or endanger the children during parenting time.
- ☐ Use parenting time to abuse or harass Petitioner, Petitioner's family, or household members.
- ☐ Improperly hide or detain the children.
- ☐ Act in a way that is not in the best interest of the children.

If you chose **Grant** or **Restrict**, request your parenting time schedule below:

If you know what the schedule should be, either attach it and check **e1** or pick your parenting time schedule in **e2** below. Enter when, where, and how you want parenting time to happen and fill in the blanks with specific times, days, and other information. Include a.m. or p.m.

☐ e. Respondent's parenting time should be (check 1 or 2):

☐ 1. See attached parenting time schedule; or

☐ 2. The following parenting time schedule (check all that apply):

☐ Every \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
Weekdays Time Time

☐ Each weekend or ☐ Every other weekend as follows (include am or pm):

☐ Every \_\_\_\_\_ at \_\_\_\_\_ to \_\_\_\_\_ at \_\_\_\_\_  
Day of the Week Time Day of the Week Time



☐ Parenting time is to begin on: \_\_\_\_\_  
Month, Day, Year

☐ Holidays (include date and times):

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

☐ The person responsible for transportation of the children for parenting time is:

\_\_\_\_\_  
Name

☐ Pickup for parenting time to take place at the following place:

_____ Name of Place (if any)	_____ Street Address	_____ City	_____ State
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☐ Return from parenting time to take place at the following place:

_____ Name of Place (if any)	_____ Street Address	_____ City	_____ State
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☐ Parenting time will take place at:

_____ Name of Place (if any)	_____ Street Address	_____ City	_____ State
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☐ Parenting time will be supervised by: \_\_\_\_\_  
Name of Supervisor  
who 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 immediately at the end of parenting time to:

☐ Petitioner

☐ person chosen by Petitioner \_\_\_\_\_  
Name of Person Chosen by Petitioner

☐ **8. No Concealment or Removal of Children**

*Check if you are afraid Respondent will hide your children or take them out of state*

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

☐ **9. Order to Appear (check all that apply)**

Respondent be ordered to appear in court ☐ alone ☐ with minor children to:

☐ Prevent abuse, neglect, removal or concealment of the children.

☐ Return the children to Petitioner.

☐ Permit a court-ordered interview or examination of the children or Respondent.

☐ **10. Possession of Personal Property (check all that apply)**

**Petitioner's Property:**

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

☐ a. Petitioner be awarded possession of this property:

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

Check 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.

☐ b. Respondent be ordered to give Petitioner

☐ all of the property listed in 10a above or ☐ the following property:

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BECAUSE (check one):

☐ Petitioner, but not Respondent, owns the property.

☐ Petitioner and Respondent both own the property. Sharing it would put Petitioner 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 been filed.

☐ c. Transfer of Personal Property

Property to be transferred at the following address:

\_\_\_\_\_  
*Street, Apt. #* *City* *State* *Zip*  
 on \_\_\_\_\_ at \_\_\_\_\_ ☐ a.m. ☐ p.m.  
*Month, Day, Year* *Time*

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

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.

☐ Law enforcement to be arranged by Petitioner

(Optional) ☐ \_\_\_\_\_;  
*Name of Law Enforcement Agency*

or

☐ Another adult: \_\_\_\_\_  
*Name*

☐ d. Respondent's Property

☐ Respondent be awarded possession of the following personal property: ☐ clothing ☐ medicine

☐ other personal property as follows:

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☐ Respondent have the right to enter the residence listed in Section 2 only one time to retrieve the property listed above, but only in the presence of: (check one)

☐ Law enforcement to be arranged by Respondent

(Optional) ☐ \_\_\_\_\_;  
*Name of Law Enforcement Agency*

or

☐ Another adult: \_\_\_\_\_  
*Name*

☐ **11. Restrictions on Property**

*Check 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.*

List any property you want protected from the Respondent:

☐ Cars/Motor Vehicles (*Specify Make/Model/Year*): \_\_\_\_\_

☐ Address: \_\_\_\_\_  
*Street, Apt. # City State*

Street, Apt. #

City

*State*

☐ Inside/Outside

☐ Items located inside

☐ Other important 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 been filed.

☐ Restriction on Resources of an Elderly Petitioner

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

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

## ☐ 11.5. Possession of Animals

*Check to protect your pets from Respondent.*

Petitioner be awarded possession of these animals *(include name, type and breed)*:

Respondent should stay away from the animals and Respondent should be forbidden from taking, transferring, concealing, harming, or otherwise disposing of the animals.

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

*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.*

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.)

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

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

- ☐ Medical expense..... \$ \_\_\_\_\_
- ☐ Lost earnings..... \$ \_\_\_\_\_
- ☐ Repair or replace property damaged or taken..... \$ \_\_\_\_\_
- ☐ Moving and other travel expenses..... \$ \_\_\_\_\_
- ☐ Reasonable expenses for housing other than a domestic violence shelter..... \$ \_\_\_\_\_
- ☐ Expenses for search and recovery of children..... \$ \_\_\_\_\_
- ☐ Reasonable attorney's fees..... \$ \_\_\_\_\_
- ☐ Other: \_\_\_\_\_ \$ \_\_\_\_\_

☐ **14. No Entry of Presence Under Influence**

If you checked any box in Section 2 (**Possession of Residence**) or one of the first two boxes in Section 3 (**Stay Away**), you cannot check box 14.

Respondent is allowed at the Petitioner's residence (below), 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.

\_\_\_\_\_  
Street, Apt. #

\_\_\_\_\_  
City

\_\_\_\_\_  
State

☐ **14.5. Firearms**

If you check any of the boxes below, make sure you explain in section G your concerns involving firearms and why you want firearms removed.

☐ **Surrender firearms**

Respondent should not be allowed to have firearms or firearm parts that could be used to assemble an operable firearm and should surrender any firearms or firearm parts, any Firearm Identification Owner (FOID) card, and any Concealed Carry License to law enforcement BECAUSE:

- ☐ Respondent poses a threat to Petitioner who is an intimate partner or Petitioner's child and we are asking for their guns to be taken away (*Civil order*)
- ☐ Respondent is or will be subject to a domestic violence order of protection entered under the Criminal Code (*Criminal orders*)

☐ **Search warrant**

A search warrant should be issued so that law enforcement can search Respondent's property and may seize firearms or firearm parts from the Respondent BECAUSE (*check all that apply*):

- ☐ Respondent poses an immediate and present credible threat to the physical safety of the Petitioner.
- ☐ Respondent possesses a firearm or firearm parts that could be used to make a firearm.
- ☐ The firearm or firearm parts are in the residence, vehicle, or other property of the Respondent.
- ☐ Petitioner has made a credible report of domestic violence to local law enforcement within the last 90 days.

**If seeking an Emergency Order of Protection (Ex Parte):**

- ☐ Personal injury to the Petitioner is likely to occur if Respondent were to have prior notice of the Order of Protection.

☐ **15. Children's Records**

*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.*

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)*

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.

Respondent be ordered to reimburse a shelter providing temporary housing or counseling to Petitioner..... \$\_\_\_\_\_

☐ **17. Miscellaneous Remedies**

*Check 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."*

Respondent be ordered to:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

because:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

☐ **18. Telephone Services**

*Check if you are on Respondent's cell phone plan and you want to separate your account. Enter the provider name and telephone numbers.*

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.

Name of Provider: \_\_\_\_\_

Name of Account Holder: \_\_\_\_\_

Respondent Phone Number: \_\_\_\_\_

Petitioner's Phone Numbers: \_\_\_\_\_

\_\_\_\_\_



## SIGN

Under [735 ILCS 5/1-109](#), your signature means that:

- 1) everything in this document is true and correct, or I have been informed or I believe it to be true and correct, and  
2) I understand that making a false statement on this form is perjury and has penalties provided by law.

*If you are filling out this form online, sign your name by typing it. If you are filling out this form by hand, sign and print your name*

Your Signature /s/ \_\_\_\_\_ Print Your Name \_\_\_\_\_

Enter your complete address, telephone number, and email address if you have one. If you need to keep your addresses secret because of domestic violence, you may use another address. Those addresses must be ones at which you can receive mail about the case.

**Contact Information for Notice Purposes:**

Address			
Street, Apt. #	City	State	Zip Code

Phone Number \_\_\_\_\_

Email (if you have one) \_\_\_\_\_

Be sure to **check your email every day** so you do not miss important information, court dates, or documents from other parties.

**Attorney Information (if any):**

Attorney Name \_\_\_\_\_ Attorney Number (if any) \_\_\_\_\_

Attorney Signature\_\_\_\_\_

*This pleading was prepared by the attorney above and executed in accordance with Supreme Court Rule [137](#).*

**DEFINITION OF TERMS**

1. **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** 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. **Domestic violence** means abuse as defined in paragraph 1.
4. **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.
5. **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.
6. **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 2 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.
7. **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 the 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;
  - b. repeatedly telephoning petitioner's place of employment, home or residence;
  - c. repeatedly following petitioner about in a public place or places;
  - 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;
  - 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.
8. **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.
9. **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.
10. **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.
11. **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;
  - b. the repeated, careless imposition of unreasonable confinement;
  - c. the failure to provide food, shelter, clothing, and personal hygiene to a high-risk adult with disabilities who requires such assistance;
  - 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 subsection 10 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.
12. **Order of protection** means an emergency order, interim order or plenary order, granted pursuant to this Act, which includes any or all of the remedies authorized by Section 214 of this Act.
13. **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.
14. **Physical abuse** includes sexual abuse and means any of the following:
  - a. knowing or reckless use of physical force, confinement or restraint;
  - b. knowing, repeated and unnecessary sleep deprivation; or
  - c. knowing or reckless conduct which creates an immediate risk of physical harm.
- 14.5. **Stay away** means for the respondent to refrain from both physical presence and nonphysical contact with the petitioner whether direct, indirect (including, but not limited to, telephone calls, mail, email, faxes, and written notes), or through third parties who may or may not know about the order of protection.
15. **Willful deprivation** means willfully denying a person who because of age, health or disability requires medication, medical care, shelter, accessible shelter or services, 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 forgo such medical care or treatment. This paragraph does not create any new affirmative duty to provide support to dependent persons.