


COMPLAINT FOR PROTECTION FROM ABUSE 2018-ORD-008 Page 1 of 2		DOCKET NO. - COURT USE ONLY	MASHPEE WAMPANOAG TRIBAL COURT 483 Great Neck Road South Mashpee, MA 02649		
District Court					
A	NAME OF PLAINTIFF (person seeking protection) 		G	NAME OF DEFENDANT (person accused of abuse) Defendant's Alias, if any	
				Sex: <input type="checkbox"/> M <input type="checkbox"/> F	
B	<input type="checkbox"/> I am 18 or older. <input type="checkbox"/> I am under the age of 18, an my _____ (relationship to Plaintiff) has filed this complaint for me. <input type="checkbox"/> The Defendant is 18 or older.		H	The Defendant and Plaintiff: <input type="checkbox"/> are currently married to each other <input type="checkbox"/> were formerly married to each other <input type="checkbox"/> are not married but we are related to each other by blood or marriage: specifically, the Defendant is my _____	
	C To my knowledge, the Defendant possesses the following guns, ammunition, firearms ID card, and/or license to carry: _____			<input type="checkbox"/> are the parents of one or more children <input type="checkbox"/> are not related by live in the same household <input type="checkbox"/> were formerly members of the same household <input type="checkbox"/> are or were in a dating or engagement relationship.	
D	Are there any prior or pending court actions in any non-tribal court involving the Plaintiff and the Defendant for divorce, annulment, separate support, legal separation or abuse prevention? <input type="checkbox"/> No <input type="checkbox"/> Yes if yes, give Court, type of case, date, and (if available) docket no.		I	Does the Plaintiff have any children under the age of 18? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, the Plaintiff shall complete the appropriate parts of Page 2.	
E	On or about (dates) _____ I suffered abuse when the Defendant: <input type="checkbox"/> attempted to cause me physical harm <input type="checkbox"/> placed me in fear of imminent serious physical harm <input type="checkbox"/> caused me physical harm <input type="checkbox"/> caused me to engage in sexual relations by force, threat or duress				
F	THEREFORE, I ASK THE COURT: <input type="checkbox"/> 1. To order the Defendant to stop abusing me by harming, threatening or attempting to harm me physically, or placing me in fear of imminent serious physical harm, or by using force threat or duress to make me engage in sexual relations. <input type="checkbox"/> 2. To order Defendant not to contact me, unless authorized to do so by the Court. <input type="checkbox"/> 3a. To order the Defendant to leave and remain away from the residence: <i>See Plaintiff Confidential Information Form .</i> <i>If this is an apartment building or other multiple family dwelling, check here</i> <input type="checkbox"/> <input type="checkbox"/> 3b. To order the Defendant to leave and remain away from my workplace: <i>See Plaintiff Confidential Information Form .</i> <input type="checkbox"/> 3c. To order the Defendant to leave and remain away from my school: <i>See Plaintiff Confidential Information Form .</i> <input type="checkbox"/> 4a. To order that my residential address not appear on the order. <input type="checkbox"/> 4b. To order that my workplace address not appear on the order. <input type="checkbox"/> 4c. To order that my school address not appear on the order. <input type="checkbox"/> 5. To order the Defendant to pay me \$ _____ in compensation for the following losses suffered as a direct result of the abuse. _____ <input type="checkbox"/> 6. To order the Defendant, who has a legal obligation to do so, to pay temporary support to me. <input type="checkbox"/> 7. To order the relief requested on Page 2 of this Complaint pertaining to my minor child or children. <input type="checkbox"/> 8. To order the following: _____ <input type="checkbox"/> 9. To order the relief I have requested, except for temporary support for me and/or my child(ren) and for compensation for losses suffered, without advance notice to the Defendant because there is a substantial likelihood of immediate danger of abuse. I understand that if the Court issues such a Temporary Order, the court will schedule a hearing with 10 court business days to determine whether such a Temporary Order should be continued, and I must appear in Court on that day if I wish the Order to be continued.				
DATE		PLAINTIFF'S SIGNATURE		Please complete affidavit on reverse of this page	

**COMPLAINT FOR PROTECTION
FROM ABUSE**

2018-ORD-008 Page 2 of 2

**DOCKET NO. -
COURT USE ONLY****MASHPEE WAMPANOAG TRIBAL COURT**

483 Great Neck Road South

Mashpee, MA 02649

**ISSUES PERTAINING TO CHILDREN**

- A. RELATED PROCEEDINGS.** Is there any proceedings that the Plaintiff knows of or has participated in which is pending or has been concluded in any court in the Commonwealth or any other state, country or Tribal court involving the care or custody (including any care & protection or guardianship actions) of the child or children of the parties?

☐ **YES** ☐ **NO**

If Yes, the Plaintiff shall complete and file with this Complaint an Affidavit Disclosing Care or Custody Proceedings as required by Tribal Court and provide copies of documents required. This Affidavit and related information are available from the office of the Court Clerk.

- B. RELATED PROCEEDINGS.** Are there any prior pending court actions in any Court in the Commonwealth of Massachusetts or in any other state or country involving the Plaintiff and the Defendant for paternity? ☐ **YES** ☐ **NO**

C. CUSTODY.

- ☐ I request custody of the following minor child or children of the parties:

NAME	AGE	NAME	AGE

- D. CONTACT WITH THE CHILDREN.** I ask the Court to order the Defendant not to contact the following minor child or children unless authorized to do so by the Court: (If same as above please state)

NAME	AGE	NAME	AGE

The specific reasons for this request are: _____

- ☐ I ask the Court to order the Defendant remain away from the following school(s) and day care(s) (list names and addresses):

If the Plaintiff alleges that the Defendant has abused the aboved named child or children, a separate Complaint may be filed on behalf of each child.

DATE**PLAINTIFF'S SIGNATURE:**