

IN THE COURT OF COMMON PLEAS, \_\_\_\_\_ DIVISION  
\_\_\_\_\_ 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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ :

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): \_\_\_\_\_



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.**

<b>SIGNATURE OF PETITIONER</b>	<b>DATE</b>
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

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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