

IN THE \_\_\_\_\_ COURT OF \_\_\_\_\_, MISSISSIPPI

VS. \_\_\_\_\_ PETITIONER  
CAUSE NO. \_\_\_\_\_

RESPONDENT

## PETITION FOR DOMESTIC ABUSE PROTECTION ORDER

M.C.A. § 93-21-1 et seq.

Yes  No PETITIONER REQUESTS EMERGENCY RELIEF

### Paragraph 1

**(a) Petitioner files this petition on behalf of the following person(s) who has/have been abused by Respondent:**

Petitioner /Self

Name (last, first, middle): \_\_\_\_\_ Date of Birth (mm/dd/yyyy): \_\_\_\_\_

Sex:	Race:	Relationship to Respondent (must check at least one):	
<input type="checkbox"/> Male	<input type="checkbox"/> Asian or Pacific Islander	<input type="checkbox"/> Current or former spouse	<input type="checkbox"/> Currently living or formerly lived as spouse
<input type="checkbox"/> Female	<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Have child(ren) in common	<input type="checkbox"/> Current or former dating partner
	<input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Unknown	<input type="checkbox"/> Related by blood or marriage AND currently live or formerly lived together.	

Minor child(ren) and/or person(s) alleged to be incompetent.

Name (last, first, middle): \_\_\_\_\_ Date of Birth (mm/dd/yyyy): \_\_\_\_\_

Sex:	Race:	Relationship to Respondent (must check at least one):	
<input type="checkbox"/> Male	<input type="checkbox"/> Asian or Pacific Islander	<input type="checkbox"/> Current or former spouse	<input type="checkbox"/> Currently living or formerly lived as spouse
<input type="checkbox"/> Female	<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Have child(ren) in common	<input type="checkbox"/> Current or former dating partner
	<input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Unknown	<input type="checkbox"/> Related by blood or marriage AND currently live or formerly lived together.	

Additional persons listed on Supplemental Form #1 (SF1)

**(b) Petitioner requests protection for the following other household member(s):**

Name (last, first, middle): \_\_\_\_\_ Date of Birth (mm/dd/yyyy): \_\_\_\_\_

Sex:	Race:			
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Asian or Pacific Islander	<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Black	<input type="checkbox"/> White <input type="checkbox"/> Unknown

Name (last, first, middle): \_\_\_\_\_ Date of Birth (mm/dd/yyyy): \_\_\_\_\_

Sex:	Race:			
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Asian or Pacific Islander	<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Black	<input type="checkbox"/> White <input type="checkbox"/> Unknown

Additional persons listed on Supplemental Form #1 (SF1)

### Paragraph 2

**Petitioner requests his/her address remain confidential.** (Disclosure of address would risk abuse of petitioner or petitioner's family or household members, or would reveal the location of a domestic violence shelter.)

Yes Address provided on Supplemental Form #2 (SF2)

No Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Paragraph 3

Petitioner states that the alleged act(s) of abuse occurred in:

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

Petitioner states that the respondent resides in:

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

## Paragraph 4

### Respondent's Information

Name (*last, first, middle*): \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Date of Birth (*mm/dd/yyyy*): \_\_\_\_\_

Weight: \_\_\_\_\_ lbs

Height: \_\_\_\_\_ ft \_\_\_\_\_ in

Sex:  Male  Female

Eye Color:  Black  Brown  Green  Maroon  Pink  Blue  Gray  Hazel  Multicolored  Unknown

Hair (*Color/Type*):  Black  Blond or Strawberry  Blue  Brown  Gray or Partially Gray  Green  
 Orange  Purple  Red or Auburn  Sandy  White  Unknown

Race:  Asian / Pacific Islander  American Indian / Alaskan Native  Black  White  Unknown

Social Security Number (*###-##-####*): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Aliases (*Other names the respondent is or has been known as.*): \_\_\_\_\_

Driver License Number: \_\_\_\_\_

State: \_\_\_\_\_ Expiration Date (*mm/dd/yyyy*): \_\_\_\_\_

Distinguishing Features (*tattoos, birth marks, scars, etc.*): \_\_\_\_\_

### Caution and Medical Conditions (Check all that apply)

- Alcoholic  Allergies  Armed and Dangerous  Diabetic  Epilepsy  Escape Risk  Explosive Expertise  Hemophiliac  
 Heart Condition  International Flight Risk  Known to Abuse Drugs  Martial Arts Expert  Medication Required  
 Other \_\_\_\_\_

## Paragraph 5

### The Respondent abused the person(s) listed in Paragraph 1(a) by committing the following acts:

- Attempted to cause or intentionally, knowingly or recklessly caused bodily injury;  
 Placed, by physical menace or threat, in fear of imminent serious bodily injury;  
 Criminal sexual conduct against a minor;  
 Stalking or cyber-stalking; or  
 Sexual battery or rape.

## Paragraph 6

The facts and circumstance of the alleged abuse are: \_\_\_\_\_

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

Additional Information provided on Supplemental Form #3 (SF3)

## Paragraph 7

Yes  No **A suit for divorce is pending.** If yes, where \_\_\_\_\_

Yes  No **A divorce has been granted.** If yes, where \_\_\_\_\_  
(If yes, a copy of the divorce decree must be provided to the court before the hearing on this petition.)

## Paragraph 8

Yes  No **The Respondent and \_\_\_\_\_, who is listed in Paragraph 1(a), have child(ren) in common**

Name (last, first, middle): \_\_\_\_\_ Date of Birth (mm/dd/yyyy): \_\_\_\_\_

Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race: <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Unknown	A court order for custody or visitation has been granted. <input type="checkbox"/> Yes (If yes, provide a copy to the court before the hearing on this petition.) <input type="checkbox"/> No
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Name (last, first, middle): \_\_\_\_\_ Date of Birth (mm/dd/yyyy): \_\_\_\_\_

Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race: <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Unknown	A court order for custody or visitation has been granted. <input type="checkbox"/> Yes (If yes, provide a copy to the court before the hearing on this petition.) <input type="checkbox"/> No
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Additional persons listed on Supplemental Form #4 (SF4)

## Paragraph 9

### Petitioner requests this Court to enter a Protection Order granting the following relief:

- Prohibit the Respondent from abusing, harassing, stalking, following or threatening in any manner whatsoever, including by electronic means, the person(s) listed in Paragraph 1(a). This also includes the use, attempted use or threatened use of force or physical violence that would reasonably be expected to cause bodily injury.
- Prohibit the Respondent from contact with the person(s) listed in Paragraph 1, either in person, by phone, electronic communication, or through a third party, except such contact as may be necessary for the purposes set forth below.
- Prohibit the Respondent from going within a certain distance to the person(s) listed in Paragraph 1, with the following exceptions:

Exceptions to the contact and/or distance prohibition(s) should include:

- For purposes of exchanging the minor child(ren) for visitation;
- For medical emergencies involving the minor children;
- For special events involving the minor children as deemed appropriate by the Court; or
- Other (be specific): \_\_\_\_\_.

- Prohibit the Respondent from transferring or disposing of property which is mutually owned by the parties.
- Authorize the Petitioner sole use of the residence located at: \_\_\_\_\_ to the exclusion of the Respondent by evicting Respondent.
- Direct the appropriate law enforcement agency to assist the person(s) listed in Paragraph 1(a) in obtaining:
  - Possession of the residence by evicting Respondent.
  - Possession of personal clothing and other necessities belonging to the person(s) listed in Paragraph 1(a) from:
    - The shared residence
    - The respondent's residence
    - Other location \_\_\_\_\_
- Require the Respondent to pay the costs of court in this matter.
- Other relief deemed appropriate and necessary by the Court.

**Paragraph 9 (Continued)**

**Do not check any of the following unless this petition is being filed in the Chancery or County Court.**

- Award temporary custody and/or support of any minor child(ren) listed in paragraph 8.
- Establish a temporary visitation schedule for minor children listed in paragraph 8.
- Order Respondent to provide monetary support for Petitioner and/or any incompetent person listed in Paragraph 1(a).
- Order Respondent to pay restitution for losses suffered as a direct result of the abuse to the person(s) listed in Paragraph 1(a).

**Paragraph 10**

Please specify in detail if you have any petitions for protection pending in another court and/or have any protection orders (including emergency orders) currently in place against the Respondent identified in this Petition which are/were based on the same allegations of abuse contained herein.

\_\_\_\_\_.

\_\_\_\_\_.

\_\_\_\_\_.

I currently have no petitions pending and no orders issued against Respondent.

**If you have a petition pending in another court against Respondent and/or another Court has issued a protection order (emergency, temporary, or final), please be prepared to provide this Court with a copy of the petition and any orders.**

**RESPECTFULLY SUBMITTED**, this the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ .

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

**STATE OF MISSISSIPPI**  
**COUNTY/CITY OF \_\_\_\_\_**

**PERSONALLY CAME AND APPEARED BEFORE ME**, the undersigned authority in and for the jurisdiction aforesaid, the within named \_\_\_\_\_, who, after being by me first duly sworn on oath, stated that the facts set out in the above and foregoing Petition are true and correct as therein stated.

SWORN TO AND SUBSCRIBED BEFORE ME, this the \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public/Court Clerk

**Copies to:** \_\_\_\_ Court File \_\_\_\_ Petitioner \_\_\_\_ Law Enforcement Agency(ies) for service on Respondent with Summons

# SUPPLEMENTAL FORM #1 (SF1)

## PETITION FOR DOMESTIC ABUSE PROTECTION ORDER

### Paragraphs 1(a) and (b) Continued

#### Supplement to Paragraph 1(a)

**Petitioner files this petition on behalf of the following minor child(ren) and/or persons(s) alleged to be incompetent:**

Name (last, first, middle): _____		Date of Birth (mm/dd/yyyy): _____
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race: <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Unknown	Relationship to Respondent (must check at least one): <input type="checkbox"/> Current or former spouse <input type="checkbox"/> Currently living or formerly lived as spouse <input type="checkbox"/> Have child(ren) in common <input type="checkbox"/> Current or former dating partner <input type="checkbox"/> Related by blood or marriage AND currently live or formerly lived together.
Name (last, first, middle): _____		Date of Birth (mm/dd/yyyy): _____
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race: <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Unknown	Relationship to Respondent (must check at least one): <input type="checkbox"/> Current or former spouse <input type="checkbox"/> Currently living or formerly lived as spouse <input type="checkbox"/> Have child(ren) in common <input type="checkbox"/> Current or former dating partner <input type="checkbox"/> Related by blood or marriage AND currently live or formerly lived together.
Name (last, first, middle): _____		Date of Birth (mm/dd/yyyy): _____
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race: <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Unknown	Relationship to Respondent (must check at least one): <input type="checkbox"/> Current or former spouse <input type="checkbox"/> Currently living or formerly lived as spouse <input type="checkbox"/> Have child(ren) in common <input type="checkbox"/> Current or former dating partner <input type="checkbox"/> Related by blood or marriage AND currently live or formerly lived together.
Name (last, first, middle): _____		Date of Birth (mm/dd/yyyy): _____
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race: <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Unknown	Relationship to Respondent (must check at least one): <input type="checkbox"/> Current or former spouse <input type="checkbox"/> Currently living or formerly lived as spouse <input type="checkbox"/> Have child(ren) in common <input type="checkbox"/> Current or former dating partner <input type="checkbox"/> Related by blood or marriage AND currently live or formerly lived together.

#### Supplement to Paragraph 1(b)

**Petitioner requests protection for the following other household member(s):**

Name (last, first, middle): _____		Date of Birth (mm/dd/yyyy): _____
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race: <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Unknown	
Name (last, first, middle): _____		Date of Birth (mm/dd/yyyy): _____
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race: <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Unknown	
Name (last, first, middle): _____		Date of Birth (mm/dd/yyyy): _____
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race: <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Unknown	
Name (last, first, middle): _____		Date of Birth (mm/dd/yyyy): _____
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race: <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Unknown	

**SUPPLEMENTAL FORM #2 (SF2)**  
**PETITION FOR DOMESTIC ABUSE PROTECTION ORDER**  
**CONFIDENTIAL ADDRESS INFORMATION**  
**Paragraph 2 Continued**

**Petitioner has requested his/her address remain confidential.** *(Disclosure of address would risk abuse of petitioner or petitioner's family or household members, or would reveal the location of a domestic violence shelter.)*

**Petitioner's Address**

Name *(last, first, middle)*: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

Petitioner's Home Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Other Contact Name: \_\_\_\_\_

Other Contact Number: \_\_\_\_\_

If filing on behalf of a minor or person alleged to be incompetent, does the minor/person incompetent reside with the petitioner?

Yes

No

Minor or person alleged to be incompetent's address:

Name *(last, first, middle)*: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

**§ 93-21-9(7)** *If the petition states that the disclosure of the petitioner's address would risk abuse of the petitioner or any member of the petitioner's family or household, or would reveal the confidential address of a shelter for domestic violence victims, the petitioner's address may be omitted from the petition. If a petitioner's address has been omitted from the petition pursuant to this subsection and the address of the petitioner is necessary to determine jurisdiction or venue, the disclosure of such address shall be made orally and in camera. A nonpublic record containing the address and contact information of a petitioner shall be maintained by the court to be utilized for court purposes only.*



# SUPPLEMENTAL FORM #4 (SF4)

## PETITION FOR DOMESTIC ABUSE PROTECTION ORDER

### Children in Common with Respondent

### Paragraph 8 Continued

Name (last, first, middle): _____		Date of Birth (mm/dd/yyyy): _____
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race: <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Unknown	A court order for custody or visitation has been granted. <input type="checkbox"/> Yes (If yes, provide a copy to the court before the hearing on this petition.) <input type="checkbox"/> No

Name (last, first, middle): _____		Date of Birth (mm/dd/yyyy): _____
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race: <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Unknown	A court order for custody or visitation has been granted. <input type="checkbox"/> Yes (If yes, provide a copy to the court before the hearing on this petition.) <input type="checkbox"/> No

Name (last, first, middle): _____		Date of Birth (mm/dd/yyyy): _____
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race: <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Unknown	A court order for custody or visitation has been granted. <input type="checkbox"/> Yes (If yes, provide a copy to the court before the hearing on this petition.) <input type="checkbox"/> No

Name (last, first, middle): _____		Date of Birth (mm/dd/yyyy): _____
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race: <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Unknown	A court order for custody or visitation has been granted. <input type="checkbox"/> Yes (If yes, provide a copy to the court before the hearing on this petition.) <input type="checkbox"/> No

Name (last, first, middle): _____		Date of Birth (mm/dd/yyyy): _____
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race: <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Unknown	A court order for custody or visitation has been granted. <input type="checkbox"/> Yes (If yes, provide a copy to the court before the hearing on this petition.) <input type="checkbox"/> No

Name (last, first, middle): _____		Date of Birth (mm/dd/yyyy): _____
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race: <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Unknown	A court order for custody or visitation has been granted. <input type="checkbox"/> Yes (If yes, provide a copy to the court before the hearing on this petition.) <input type="checkbox"/> No