

**COVER SHEET
STATE OF ARKANSAS
CIRCUIT COURT: DOMESTIC RELATIONS**

The domestic relations reporting form and the information contained herein shall not be admissible as evidence in any other court proceeding or replace or supplement the filing and service of pleadings, orders, or other papers as required by law of Supreme Court Rule. This form is required pursuant to Administrative Order Number 8. Instructions are located at www.courts.arkansas.gov.

County: _____ **District:** _____ **Filing Date:** _____

Judge: _____ **Division:** _____ **Case ID:** _____

Type of Case (select only one):

- | | |
|---|---|
| <input type="checkbox"/> (AN) Annulment (marriage date: _____) | <input type="checkbox"/> (PT) Paternity |
| <input type="checkbox"/> (CT) Contempt-Domestic Relations | <input type="checkbox"/> (SM) Separate Maintenance (marriage date: _____) |
| <input type="checkbox"/> (CS) Custody | <input type="checkbox"/> (SS) Support (OCSE) |
| <input type="checkbox"/> (DV) Divorce (marriage date: _____) | <input type="checkbox"/> (ST) Support-Private (non-OCSE) |
| <input type="checkbox"/> (FJ) Foreign Judgment-Domestic Relations | <input type="checkbox"/> (SU) Support-UIFSA |
| <input type="checkbox"/> (DA) Order of Protection | <input type="checkbox"/> (VI) Visitation |

Does this case involve the custody or support of minor children? Yes No

If yes, also file the completed Confidential Information Sheet.

Plaintiff		Defendant	
Last Name		Last Name	
Suffix		Suffix	
First Name		First Name	
DL/State ID		DL/State ID	
Address		Address	
City, State, ZIP		City, State, ZIP	
Phone		Phone	
Email		Email	
Self-represented	<input type="checkbox"/> Yes <input type="checkbox"/> No	Self-represented	<input type="checkbox"/> Yes <input type="checkbox"/> No
DOB		DOB	
Interpreter needed?	<input type="checkbox"/> Yes: _____ <input type="checkbox"/> No (language)	Interpreter needed?	<input type="checkbox"/> Yes: _____ <input type="checkbox"/> No (language)

Attorney of Record: _____ **Bar #:** _____

For the: Plaintiff Defendant **Email Address:** _____

Related Case(s): Judge: _____ Case ID(s): _____

Manner of filing: (MFO) Original (MFR+case type) Re-open
 (MFT) Transfer (MFF) Reactivate

**CONFIDENTIAL INFORMATION FOR USE ONLY BY THOSE AUTHORIZED BY
Arkansas Code Annotated 9-14-205**

Custodial Parent/Custodian: _____

Residential Addr: _____
(Street) (City) (St) (Zip)

Mailing Addr: _____
(Street or PO Box) (City) (St) (Zip)

Phone Numbers: (Home) _____ **(Cell)** _____

Social Security Number: _____ **DOB:** _____

Driver's License Number: (State) _____ **(Number)** _____

Employer's Name or Business: _____

Address: _____
(Street or PO Box) (City) (St) (Zip)

Non-Custodial Parent: _____

Residential Addr: _____
(Street) (City) (St) (Zip)

Mailing Addr: _____
(Street or PO Box) (City) (St) (Zip)

Phone Numbers: (Home) _____ **(Cell)** _____

Social Security Number: _____ **DOB:** _____

Driver's License Number: (State) _____ **(Number)** _____

Employer's Name or Business: _____
(Street or PO Box) (City) (St) (Zip)

Children's Names and Birth Dates:

Name: _____ **DOB:** _____ **SSN:** _____

Name: _____ **DOB:** _____ **SSN:** _____

Name: _____ **DOB:** _____ **SSN:** _____

Name: _____ **DOB:** _____ **SSN:** _____

Print or Type preparer's name: _____

Docket Number _____

Style of Case _____

OCSE Case Number _____

6. The Respondent has committed domestic abuse to the petitioner or victim(s) by the acts described in the attached affidavit.
7. Have you reported the most recent abuse to law enforcement? Yes No
8. Has Respondent been arrested? Yes No Date of most recent arrest _____
9. The Respondent is scheduled to be released from incarceration within 30 days. Upon the Respondent's release, there will be immediate and present danger of domestic abuse to me and/or the Victim(s).
10. Did Respondent use or threaten to use a weapon? Yes No If yes, what type of weapon? _____

Connected Legal Cases

11. Is there a current/pending custody order? Yes No
 If yes, give Case No. _____ County/State _____ Judge _____
 Who has legal custody? Petitioner Respondent Who has physical custody? Petitioner Respondent
12. Is there a closed or pending divorce action between the parties? Yes No
 If yes, give Case No. _____ County/State _____ Judge _____
13. Have you previously filed a petition for order of protection against the Respondent? Yes No
 If yes, give Case No. _____ County/State _____ Judge _____

Interpreter Request For Court

14. Do you, any witnesses, and/or Respondent require an interpreter at the protective order hearing? Yes No.
 If so what language? _____

Please initial the following statements confirming you have read them and understand them.

- 15. I understand that once this petition is filed in the Circuit Clerk's Office I will be assigned a Judge who will review my petition and determine eligibility. The Judge has the ability to issue a Temporary Protective Order that includes a hearing date to be held within 30 days OR issue an Order to Appear in court OR dismiss the petition all together. _____
- 16. I understand I am required to attend any hearing date that is set by the Judge. If I do not attend the hearing, I understand that a warrant can be issued for my arrest and I can be required to pay all filing fees. _____
- 17. I understand if the Judge awards a Temporary Order of Protection, the order will not be in effect until the Respondent has been served with a copy of the petition, affidavit and order. _____
- 18. I understand that if the Respondent violates the Order of Protection I should contact law enforcement immediately. To ensure proper enforcement, I should not initiate contact with the Respondent. _____
- 19. I understand that I am not required to have an attorney but without legal representation, I must be prepared to provide testimony, enter any evidence based on the states rules of evidence and be subject to possible cross examination. _____
- 20. I understand that the Respondent has a right to attend the hearing and protest the allegations listed in this petition. Based on testimony, the Judge may dismiss the petition, amend it or grant a Final Order of Protection for a minimum of 90 days up to a maximum of 10 years. _____
- 21. I understand that once this petition is filed with the Circuit Clerk's Office I cannot request a dismissal of any Ex-Parte Temporary Protection Order or an Order to Appear until the hearing. _____
- 22. I understand that if there are errors in my petition/affidavit I would be required to come back to this office and correct the errors or the petition/affidavit could be dismissed. If it is not dismissed and I have refused to return to make the required corrections it is possible any orders that are issued would not be served on Respondent, therefore making them unenforceable. _____

I understand that once signed, this petition acts as a sworn affidavit and that if I intentionally provide any false information, I may be held liable financially and/or criminally. I also understand that I am required to attend the hearing, and that if I fail to appear on the hearing date, the court has the authority to charge me \$215.00 and/or issue a Body Attachment Warrant for my arrest.

Petitioner's Signature

AFFIDAVIT

The Petitioner, under oath, swears that the facts stated in the above Petition are true according to the Petitioner's best knowledge and belief.

Date

Petitioner's Signature

STATE OF ARKANSAS)
COUNTY OF BENTON)

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Public
My Commission Expires:

IN THE CIRCUIT COURT OF BENTON COUNTY, ARKANSAS

_____ DIVISION

PETITIONER

VS.

CASE NO. _____

RESPONDENT

AFFIDAVIT ACCOMPANYING PETITION FOR DOMESTIC ORDER OF PROTECTION

I, _____, Petitioner in the above named Order of Protection Case having been duly sworn, depose and state the following under penalty of perjury:

1. I am the Petitioner in the above-captioned case for a Petition for an Order of Protection against the named Respondent.
2. In good faith, I believe I am entitled to an Order of Protection against the Respondent, and I submit this Affidavit in accordance with Arkansas Code Annotated § 9-15-201(e) (2).
3. The specific facts and circumstances that have led to the filing of this Order of Protection are as follows:

Lined page for writing.

4. These facts, along with the facts alleged in my accompanying Petition constitute my request for an Ex-Parte Temporary Order of Protection and Final Order of Protection.

5. I request that an Ex-Parte Temporary Order of Protection and a Final Order of Protection be entered granting me the following relief: (check all that apply)

6. Exclude the respondent from a shared residence or from the residence of the petitioner or victim. Address of residence: _____

7. Exclude the petitioner's address from notice to the respondent.

8. Exclude the respondent from the place of business, employment, school, or other location of the petitioner or victim. Address of:

Place of business: _____

Employment: _____

School: _____

Other (identify): _____

9. Prohibit the respondent, directly, indirectly or through an agent, from contacting the petitioner or victim.

10. Award temporary custody or establish temporary visitation rights of minor children as follows:

Child's Name/Person to Receive Custody:

11. Direct the care, custody, or control of the following pets: _____

12. Require the respondent to pay temporary child support.

13. Require the respondent to pay temporary spousal support.

14. Request a Civil Standby For: Petitioner OR Respondent

Address where the Civil Standby is needed: _____

15. Require Respondent to pay any associated costs including my attorney fees.

16. Although Respondent is the account holder of the following wireless telephone number(s), I and/or the minor children in my care are the primary users of these phone numbers:

I am requesting that the Court prohibit Respondent from terminating these accounts until the Court can consider whether an order is warranted transferring the billing responsibility for, and the rights to, the wireless telephone number(s).

17. I further request any other relief as the court deems necessary or appropriate pursuant to Ark. Code Ann. § 9-15-205 (8)(A).

18. I request that a hearing be set on this matter and that notice and order to appear be issued to Respondent.

PETITIONER

DATE

STATE OF ARKANSAS)
COUNTY OF _____)

SUBSCRIBED AND SWORN to before me, the below named officer, this ____ day of _____, 20____.

NOTARY PUBLIC
MY COMMISSION EXPIRES:

(SEAL)

BENTON COUNTY SHERIFF'S OFFICE

Service Location/Direction Information

MARK FOR OFFICER SAFETY: RESPONDENT HAS ACCESS TO WEAPONS I.E. GUNS, KNIVES

Please answer the following to the best of your knowledge; it will help the deputy serve the Order.

NOTE: Information on this form is for Law Enforcement use only.

PETITIONER'S NAME: _____

Petitioner's Date of Birth _____ Sex: _____

Petitioner's Home Phone Number: _____ Work: _____ Cell: _____

RESPONDENT'S NAME: _____

Respondent's Date of Birth: _____ Sex: _____

Respondent's Physical Description: Race _____ Hgt _____ Wgt _____ Hair _____ Eye _____

Respondent's Home Phone Number: _____ Work: _____ Cell: _____

Respondent's Address **AND** Directions: _____

Respondent's Employment **AND** Address: _____

Respondent's Work Hours: _____ Days: _____

Respondent's Nearest Relative: _____

Relationship: _____ Phone Number: _____

Address **AND** Directions: _____

Additional Information on Respondent's Location: _____

Respondent's Vehicle Make: _____ Model: _____ Color: _____ Tag #: _____