

**IN THE CIRCUIT COURT OF \_\_\_\_\_ COUNTY, ARKANSAS**  
**\_\_\_\_\_ DIVISION**

\_\_\_\_\_  
PETITIONER'S/AFFIANT'S FIRST NAME; LAST NAME

\_\_\_\_\_  
PETITIONER'S/AFFIANT'S HOME ADDRESS (STREET)

\_\_\_\_\_  
AGE                      DATE OF BIRTH

\_\_\_\_\_  
CITY                      STATE              ZIP CODE

\_\_\_\_\_  
RACE                      SEX

\_\_\_\_\_  
INTERPRETER NEEDED? (Y/N)      LANGUAGE

\_\_\_\_\_  
DRIVER'S LICENSE NUMBER

\_\_\_\_\_  
PETITIONER'S/AFFIANT'S PLACE OF WORK (NAME)

\_\_\_\_\_  
TELEPHONE NUMBER

\_\_\_\_\_  
STREET ADDRESS OF PLACE OF WORK

\_\_\_\_\_  
EMAIL ADDRESS

\_\_\_\_\_  
CITY                      STATE              ZIP CODE

Petitioner/Affiant elected to omit an address, but a mailing address has been provided to the court.

VS.                      NO. DR \_\_\_\_\_

\_\_\_\_\_  
RESPONDENT'S FIRST NAME; LAST NAME

\_\_\_\_\_  
RESPONDENT'S HOME ADDRESS (STREET)

\_\_\_\_\_  
AGE                      DATE OF BIRTH

\_\_\_\_\_  
CITY                      STATE              ZIP CODE

\_\_\_\_\_  
RACE                      SEX

\_\_\_\_\_  
INTERPRETER NEEDED? (Y/N)      LANGUAGE

\_\_\_\_\_  
DRIVER'S LICENSE NUMBER

\_\_\_\_\_  
RESPONDENT'S PLACE OF WORK (NAME)

\_\_\_\_\_  
TELEPHONE NUMBER

\_\_\_\_\_  
STREET ADDRESS OF PLACE OF WORK

\_\_\_\_\_  
EMAIL ADDRESS

\_\_\_\_\_  
CITY                      STATE              ZIP CODE

**PETITION AND AFFIDAVIT FOR AN ORDER OF PROTECTION**

I, the Petitioner/Affiant, am asking the Court to issue an Order of Protection. A hearing will be set within 30 days. At the hearing, I will present evidence for an Order of Protection, and the Respondent will have an opportunity to appear and contest the Order of Protection. I state, under oath and subject to the penalty of PERJURY, that the following facts are true and correct to the best of my knowledge and belief:

1. I am at least 18 years of age, or I am under 18 years of age, but emancipated. Respondent is \_\_\_\_\_ at least 18 years of age or \_\_\_\_\_ under 18, but emancipated.  
\_\_\_\_\_ I am an adult employee or volunteer of a domestic-violence shelter or program on behalf of a minor, including a married minor.

I am filing this petition:

(a) \_\_\_\_\_ on behalf of myself AND/OR

(b) \_\_\_\_\_ on behalf of a family or household member who is

\_\_\_\_\_ A minor(s), Name(s): \_\_\_\_\_

2. The relationship between Respondent and me (or the person(s) on whose behalf I am filing this petition and affidavit is/are: **(MARK ALL THAT APPLY.)**

(A.) \_\_\_\_\_ We are spouses or \_\_\_\_\_ former spouses (Divorce date: \_\_\_\_\_)

(B.) \_\_\_\_\_ We are related by blood:

\_\_\_\_\_ Respondent is the parent

\_\_\_\_\_ Respondent is my child

\_\_\_\_\_ Other **BLOOD** relationship: Respondent is my \_\_\_\_\_.

(C.) \_\_\_\_\_ We currently reside together or cohabit.

Date we started living together: Month \_\_\_\_\_ /Year \_\_\_\_\_.

(D.) \_\_\_\_\_ We formerly resided together or cohabited.

Dates we lived together: Month \_\_\_\_\_ /Year \_\_\_\_\_ until Month \_\_\_\_\_ /Year \_\_\_\_\_.

(E.) \_\_\_\_\_ We have or have had a child in common.

(F.) \_\_\_\_\_ We are presently or in the past have been in a dating relationship.

Length of Relationship: Month \_\_\_\_\_ /Year \_\_\_\_\_ until Month \_\_\_\_\_ /Year \_\_\_\_\_.

3. I believe I am entitled to an Ex-Parte Temporary Order of Protection because I (or the person(s) on whose behalf I am filing this petition and affidavit am (is/are) afraid of the respondent and there is an immediate and present danger of domestic abuse.

(In the following section, describe the details of the MOST RECENT ACT to you or members of your household that caused you to seek the Court's assistance. **DO NOT LIST PREVIOUS THREATS OR ACTS OF ABUSE IN THIS SECTION.**)

DATE OF MOST RECENT ACT: \_\_\_\_\_  
(Include the day of the week)

LOCATION OF MOST RECENT ACT: \_\_\_\_\_  
Address

\*\*\*\*\*DO NOT WRITE BELOW THIS LINE OR ON BACK OF PAGES\*\*\*\*\*





**OR** The Respondent is scheduled to be released from incarceration within thirty (30) days and upon the respondent's release there will be an immediate and present danger of domestic abuse to me.

Place of incarceration: \_\_\_\_\_

Date of release: \_\_\_\_\_

The reasons I believe I will be in danger when Respondent is released are: \_\_\_\_\_

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

4. The above **MOST RECENT ACT** was reported to a law enforcement agency.

\_\_\_\_\_ No. \_\_\_\_\_ Yes, it was reported to:

\_\_\_\_\_ Agency

Date \_\_\_\_\_

Action taken by the law enforcement agency.

5. Any additional acts of domestic violence by Respondent against me (or the person(s) on whose behalf I am filing this petition and affidavit, including verbal threats, harassment and physical abuse, are: **(DO NOT INCLUDE THE ACTS LISTED IN ANY ABOVE SECTIONS)**

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

6.  The Respondent has previously been arrested for or convicted of acts of violence.  No.  
 Yes. If yes, give the following details:

WHEN: \_\_\_\_\_ WHERE: \_\_\_\_\_

WHAT RESPONDENT DID: \_\_\_\_\_

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

**\*\*\*\*\*DO NOT WRITE BELOW THIS LINE OR ON BACK OF PAGES\*\*\*\*\***

7. The Respondent and I have the following minor children: (State their names, ages, and addresses, if different from yours. **DO NOT LIST YOUR CHILDREN UNLESS THEY ARE ALSO RESPONDENT'S CHILDREN.**

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NAME	AGE	ADDRESS
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NAME	AGE	ADDRESS
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NAME	AGE	ADDRESS
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**If there are minor children living in the residence in which you herein request that Respondent be excluded from who are yours or Respondent's children, but not belonging to both of you, please list them below:**

Petitioner's/Affiant's children only: \_\_\_\_\_

Respondent's children only: \_\_\_\_\_

8. I, the Petitioner/Affiant's ask the Court to issue an Ex-Parte Temporary Order of Protection with the following provisions: (MARK ALL THAT ARE APPLICABLE)

\_\_\_\_ Excluding the Respondent from the shared residence of the parties or the residence of the Petitioner/Affiant or Victim. Address of residence:

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Street Address	City
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Owner/Renter of residence: (MARK ONE)

Petitioner  Respondent  Both  Neither

\_\_\_\_ Excluding the Respondent from the place of business, employment, school or other location of the Petitioner/Affiant or Victim, which is (are):

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Name of Business or employment

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Address of Business or employment	City
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School

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Address of School	City
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\*\*\*\*\*DO NOT WRITE BELOW THIS LINE OR ON BACK OF PAGES\*\*\*\*\*

Other: Identify: \_\_\_\_\_

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_ Prohibiting the Respondent, directly or through an agent, from contacting the Petitioner/Affiant or victim, except under the following conditions: \_\_\_\_\_

\_\_\_\_ Prohibiting the Respondent from disconnecting the following phone numbers used by either the Petitioner and/or the minor children: \_\_\_\_\_

\_\_\_\_ Awarding Petitioner/Affiant temporary custody of the minor children listed in Paragraph 7.

\_\_\_\_ Requiring Respondent to pay child support.  
State the weekly take-home pay of Respondent: \_\_\_\_\_

\_\_\_\_ Requiring Respondent to pay spousal support.  
State the weekly take-home pay of Respondent: \_\_\_\_\_

\_\_\_\_ Excluding Petitioner's/Affiant's address from the notice to the respondent.

\_\_\_\_ Requiring Respondent to pay filing fees, service fees, court costs, and petitioner's/affiant's attorney's fees (if applicable.)

9. I, the Petitioner/Affiant, understand that if the Court determines that I am not entitled to an Ex-Parte Temporary Order of Protection, a hearing will still be scheduled for an Order of Protection. I, the Petitioner, request that after the hearing the Court issue an Order of Protection based upon the same provisions I have requested in Paragraph 8.

10. A Court Order **ALREADY EXISTS** concerning the custody of Respondent's and my child(ren) listed in Paragraph 7.    \_\_\_\_ No                      \_\_\_\_ Yes

IF YES, state the contents of the order, as follows:

\_\_\_\_\_ COUNTY AND STATE WHERE ORDER WAS ISSUED

\_\_\_\_\_ WHO WAS AWARDED CUSTODY

\_\_\_\_\_ AMOUNT OF CHILD SUPPORT

11. The Respondent and I have been involved in the following cases in the Pulaski Circuit Court:  
Type of case:

\_\_\_\_ Domestic Abuse                      Date(s): \_\_\_\_\_

\_\_\_\_ Divorce                                      Date(s): \_\_\_\_\_

\_\_\_\_ Paternity                                      Date(s): \_\_\_\_\_

\_\_\_\_ Child Support                              Date(s): \_\_\_\_\_

\_\_\_\_ Other    Date(s): \_\_\_\_\_

12. I, the Petitioner/Affiant, state under oath and subject to the penalty of PERJURY that the above **Petition and Affidavit for an Order of Protection** and following **Notice** contain facts which are true and correct to the best of my knowledge and belief. **I UNDERSTAND THAT IF I DO NOT RETURN TO THE SCHEDULED HEARING, THE PETITION AND AFFIDAVIT FOR AN ORDER OF PROTECTION PROBABLY WILL BE DISMISSED.** I understand that if any of the above statements are later determined by the court to be false, I may be assessed the costs of this action, including filing fees, Sheriff's service fees, and the Respondent's attorney's fees, if any.

DATE: \_\_\_\_\_ PETITIONER'S/AFFIANT'S SIGNATURE: \_\_\_\_\_

VERIFICATION

STATE OF ARKANSAS  
COUNTY OF PULASKI

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

My Commission expires:  
\_\_\_\_\_



# NOTICE

**All persons filing a Petition for Order of Protection must provide as much of the following information as possible:**

**Respondent/Defendant**

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First                      Middle                      Last

Address:

\_\_\_\_\_

\_\_\_\_\_

Employer: \_\_\_\_\_

**CAUTION:**     Respondent possesses a firearm  
                   Respondent has history of extreme violence

**Respondent Identifiers**

Sex	Race	DOB mm/dd/yyyy	Ht.	Wt.

Eyes	Hair	SS#, DL# or other ID#
Phone #		Email address

Distinguishing Characteristics: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Relationship Identifiers:**     Current or former spouses     Parents of child(ren) in common  
 Live together     Current or past dating relationship     Other Relative (Explain) \_\_\_\_\_

\_\_\_\_\_  
Signature of Person providing information