

IN THE COMMON PLEAS COURT
MAHONING COUNTY, OHIO

Petitioner _____ : **Case No.** _____

Address _____ : **Judge/Magistrate** JUDGE BETH A. SMITH

City, State, Zip Code _____ :

Date of Birth ____ / ____ / ____ : **PETITION FOR DOMESTIC VIOLENCE CIVIL PROTECTION ORDER (R.C. 3113.31)**

v. _____ :

_____ :

Respondent _____ :

Address _____ :

City, State, Zip Code _____ :

Date of Birth ____ / ____ / ____ :

CHECK EVERY THAT APPLIES. IF YOU ARE REQUESTING YOUR ADDRESS REMAIN CONFIDENTIAL, DO NOT WRITE YOUR ADDRESS ON THIS FORM. PLEASE PROVIDE ANOTHER MAILING ADDRESS WHERE YOU CAN SAFELY RECEIVE NOTICES FROM THE COURT. THIS FORM IS A PUBLIC RECORD.

1. Petitioner is a family or household member of Respondent and a victim of domestic violence and seeks relief on Petitioner’s own behalf. The relationship of Petitioner to Respondent is that of:
- | | |
|--|---|
| <input type="checkbox"/> Spouse of Respondent | <input type="checkbox"/> Child of Respondent |
| <input type="checkbox"/> Former spouse of Respondent | <input type="checkbox"/> Parent of Respondent |
| <input type="checkbox"/> Natural parent of Respondent’s child | <input type="checkbox"/> Foster Parent |
| <input type="checkbox"/> Other relative (by blood or marriage) of Respondent/ Petitioner who has lived with Respondent at any time | <input type="checkbox"/> Person “living as a spouse of Respondent” is defined as: |
| | <ul style="list-style-type: none"> • now cohabiting; • or cohabited within five years before the alleged act of domestic violence |

2. Petitioner seeks relief on behalf of the following family or household members:

NAME	DATE OF BIRTH	HOW RELATED TO		RESIDES WITH
		PETITIONER	RESPONDENT	

Case No. _____

- (f) Requires Respondent to provide financial support for Petitioner and the other family or household members named in this Petition.
 - (g) Requires Respondent to complete batterer counseling, substance abuse counseling, or other counseling as determined necessary by the Court.
 - (h) Requires Respondent to refrain from entering, approaching, or contacting (by any means) the residence, school, business, and place of employment of or approaching or contacting (by any means) Petitioner and the family or household members named in this Petition.
 - (i) Requires Respondent to permit Petitioner or other family or household member to have exclusive use of the following motor vehicle: _____
 - (j) Includes the following additional provisions: _____
5. Petitioner further requests that the Court issue an *ex parte* (emergency) protection order under R.C. 3113.31(D) and (E) and this Petition.
6. Petitioner further requests that the Court issue no mutual protection orders or other orders against Petitioner unless all of the conditions of R.C. 3113.31(E)(4) are met.
7. Petitioner further requests that if Petitioner has a victim advocate, the Court permit the victim advocate to accompany Petitioner at all stages of these proceedings as required by R.C. 3113.31(M).
8. Petitioner further requests that the Court grant such other relief as the Court considers equitable and fair.
9. Petitioner lists here all present court cases and pertinent past court cases (including civil, criminal, divorce, juvenile, custody, visitation, and bankruptcy cases) that relate to the Respondent, you, your children, your family, or your household members:

CASE NAME	CASE NUMBER	COURT/COUNTY	TYPE OF CASE	RESULT OF CASE

I hereby swear or affirm that the answers above are true, complete, and accurate to the best of my knowledge. I understand that falsification of this document may result in a contempt of court finding against me which could result in a jail sentence and fine, and that falsification of this document may also subject me to criminal penalties for perjury under R.C. 2921.11.

DO NOT SIGN THIS FORM UNLESS YOU ARE IN FRONT OF THE PERSON WHO WILL NOTARIZE THE PETITION FOR YOU.

SIGNATURE OF PETITIONER

Sworn to and subscribed before me on this _____ day of _____, _____

NOTARY PUBLIC

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Petitioner's Safe Address:

Signature of Attorney for Petitioner (if applicable)

Name of Attorney (if applicable)

Attorney's Address

City, State, Zip Code

Attorney's Registration Number

Attorney's Telephone

Attorney's Fax

Attorney's Email