

INFORMATION REGARDING EX PARTE ORDERS OF PROTECTION

Any person who has been subjected to, or threatened with or placed in fear of, domestic abuse, stalking, or sexual assault may be a candidate for an order of protection. The respondent must be one of the following:

- A current or former spouse
- Someone who has lived or is currently living with you
- Have a child together
- Someone who has dated or is currently dating you
- Someone who is or has been involved with you in a sexual relationship
- Related by blood or adoption
- Related or formerly related by marriage
- Someone who is a minor child of a person whose relationship is described above
- Someone who has stalked you
- Someone who has sexually assaulted you

If an order is temporarily granted, a copy of the signed order of protection should accompany you at all times. If the respondent has not been served and has personal contact with you, a law enforcement officer called to the scene can serve the copy in your possession.

Attention: The court may assess the initial court costs of \$233.50 any additional court costs and attorney fees against the petitioner if the court finds that the petitioner is not a domestic abuse victim, stalking victim or sexual assault victim.

I have read and do fully understand this document.

Petitioner _____

Date _____

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GENERAL SESSIONS ORDER OR PROTECTION INTAKE SHEET

Petitioner/Plaintiff

Vs.

Case No. _____

Defendant

Information About You:

Name: _____

Address: _____

Home Phone #: _____ Work Phone #: _____

Place Of Employment: _____

Information About The Person Abusing You:

Name: _____

(First, Full Middle Name, Last)

If known by any other name, please list: _____

Social Security Number: _____ State of Birth: _____

Drivers License Number: _____ State: _____ Exp. Date: _____

Car Make/Model: _____ Color: _____ Year: _____

License Plate Number: _____ State: _____ Year of Exp.: _____

Sex: (M/F) _____ Date of Birth: _____ Height: _____ ft _____ in Weight: _____

Color Eyes: _____ Color Hair: _____ Race: _____ Skin Tone: _____

Distinguishing Features: _____

Permanent Home Address (include zip code): _____

(Street Name, Number, Apartment Name, Number—Do not use Route or Box Numbers)

Home Phone #: _____ Work Phone #: _____

Place Of Employment: _____ Work Hours: _____

Work Address: _____

**IMPORTANT: If the abuser has threatened to or actually has used some type of weapon against you, or has been diagnosed with some type of mental illness, you must indicate with an "X" next to the CAUTION block. You will be required to show proof and/or state these facts in you affidavit.*

CAUTION: _____

Petition for Order of Protection and Order for Hearing

Case # (the clerk fills this in):

In the _____ Court of _____ County, TN

Petitioner's name (person needing protection) **[**Petitioner's children under 18 that are in need of protection are listed below]:**
 If Petitioner is under 18, insert child's name if filed on behalf of an unemancipated person (someone under 18 years of age) pursuant to TCA §36-3-602. This request is being made by _____ who is child's parent or legal guardian or a caseworker.

_____ first _____ middle _____ last D O B

**PETITIONER'S CHILDREN UNDER 18 THAT PETITIONER BELIEVES ARE IN NEED OF PROTECTION:

Name	Age	Relationship to Respondent	Name	Age	Relationship to Respondent
1. _____			3. _____		
2. _____			4. _____		

Respondent's Information (person you want to be protected from):

_____ first _____ middle _____ last _____ date of birth (MM/DD/YYYY)


_____ street address _____ city _____ state _____ zip

Respondent's Employer: _____ Employer's name _____ Employer's phone # _____

Describe Respondent:

Sex	Race	Hair	Eyes	Height - Weight - SSN - Other	
<input type="checkbox"/> Male	<input type="checkbox"/> White	<input type="checkbox"/> Black	<input type="checkbox"/> Brown	Height	
<input type="checkbox"/> Female	<input type="checkbox"/> Asian	<input type="checkbox"/> Grey	<input type="checkbox"/> Hazel	Weight	
	<input type="checkbox"/> Black	<input type="checkbox"/> Blond	<input type="checkbox"/> Blue	Social Sec. #	(Provided to Clerk's office if known)
	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Bald	<input type="checkbox"/> Green	Scars/Special Features	
	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Brown	<input type="checkbox"/> Gray	Phone Number	
		<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____		

- ① What is your relationship to the Respondent? (Check all that apply):
- a. We are married or used to be married.
 - b. We live together or used to live together.
 - c. We have a child together.
 - d. We are dating, used to date, or have had sex.
 - e. We are relatives, related by adoption, or are/were in-laws. (Specify): _____
 - f. We are the children of a person whose relationship is described above (Specify): _____
 - g. The Respondent has stalked me.
 - h. The Respondent has sexually assaulted me.
 - i. Other: _____

Warning! 

Weapon involved

Has or owns a weapon

- ② List all children under 18 that you have:
- * Check here if listing addresses would put you or your child in danger. If so, leave any spaces for addresses blank.

Name of Child	Age	Is Respondent the parent of the child? (Write "yes" or "no")	Does the child need to be protected from the Respondent?	Child's address

③ Where else have the children (that you and Respondent have together) lived during the last 6 months?

Children's previous addresses

Who did they live with at this address?

_____	_____
_____	_____
_____	_____
_____	_____

④ **Other Court Cases** – Are the children that you and Respondent have together involved in any other court case in Tennessee or another state? Yes No If "Yes," fill out below:

County and State of other case: _____

Case Number (if you know it): _____

Kind of case (check all that apply): Divorce Domestic Violence Criminal Juvenile Child Support Other (specify): _____

⑤ **Custody Rights** – Does anyone besides you or the Respondent claim to have custody or visitation rights to the children that you and Respondent have together? Yes No If "Yes," who?

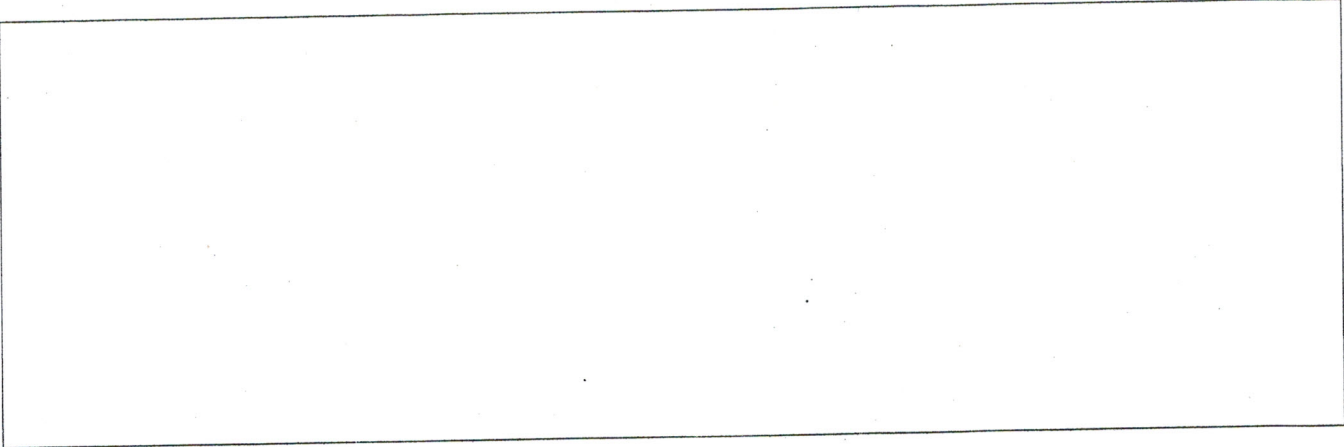
Name

Address

_____	_____
_____	_____
_____	_____

⑥ **Describe Abuse** – (use additional sheets of paper if necessary and attach to Petition)

Describe abuse, stalking or assault (include, IF APPLICABLE, information about abuse or fear of abuse to your child(ren), personal property or animals)	Where and when did this happen?	Describe any weapons used.



I ask the court to make the following Orders after the hearing: (check all that apply)

- ⑦ **No Contact**
Please order the Respondent to not contact: me our children under 18, either directly or indirectly, by phone, email, messages, text messages, mail or any other type of communication or contact.
- ⑧ **Stay Away**
Please order the Respondent to stay away from my home my workplace or from coming about me for any purpose.
- ⑨ **Personal Conduct**
Please order the Respondent not to:
 Cause intentional damage to my property or interfere with the utilities at my home.
 Hurt or threaten to hurt any animals that I/we own or keep.
- ⑩ **Temporary Custody**
Please give me temporary custody of our children.
- ⑪ **Child Support**
Please order the Respondent to pay reasonable child support.
- ⑫ **Petitioner Support (if married)**
Please order the Respondent to pay reasonable spousal support.
- ⑬ **Move-out / Provide other housing**
Please order the Respondent to (*check one*): move out of our family home immediately or provide other suitable housing (if married)
 *Check here if your home or lease is in the Respondent's name **only**.*

 If the parties share a residence, please allow the Respondent to obtain his/her clothing and personal effects such as medicine and other things he/she may need.
- ⑭ **Counseling/Substance Abuse Programs**
Please order the Respondent to go to a certified batterers' intervention program if one available in the area or a counseling program.
- ⑮ **No Firearms**
Please order the Respondent not to have, possess, transport, buy, receive, use or in any other way get any firearm.
List all firearms that the Respondent owns, controls, or has access to:

16 **Animals / Pets**
Please give me custody and control of any animal owned, possessed, leased, kept or held by me, the Respondent, or the children listed above.

17 **Costs, fees, and litigation taxes**
Please order the Respondent to pay all court costs, lawyer fees, and taxes for this case.

18 **Other Orders: (General Relief)** _____

I also ask the court to:

1. Make an immediate Temporary Order of Protection. (*Ex-Parte Order of Protection*)
2. Notify law enforcement in this county of that Order.
3. Serve the Respondent a copy of that *Order* and Notice of Hearing to take place within 15 days of service.
4. Serve a copy of the Request, Notice of Hearing and Temporary Order on the parents of the Petitioner (if the Petitioner is under 18 years of age) unless the Court finds that this would create a serious threat of serious harm to the Petitioner. *T.C.A. §36-3-605 (c)*

Petitioner (or parent/legal guardian/caseworker) signs here in front of notary/clerk/judicial officer and swears that he/she believes the above information is true:

_____ Date: _____

Notary fills out below –

I declare that the Petitioner has read this Petition, and swears it be true to the best of her/his knowledge.
Sworn and subscribed before me, the undersigned authority,

By (*Print name of notary*): _____

On this date: _____

Notary or Court Clerk or Judicial Officer signs here Date notary's commission expires

The court finds good cause and will issue a Temporary Order of Protection.

The court does not find good cause and denies a Temporary Order of Protection - The court finds there is no immediate and present danger of abuse to the petitioner and denies the Petitioner's request for a *Temporary Order of Protection*. The court will set the matter for hearing.

ORDER FOR HEARING

The Petitioner and Respondent must go to court and explain to the judge why the judge should or should not issue an Order of Protection against the Respondent.

This hearing will take place on (*date*): _____ at (*time*): _____ a.m. p.m.
at (*location*): _____

Judicial Officer's-signature Date _____

Proof of Service of Petition, Notice of Hearing and Temporary Order of Protection:

Respondent was served on (date): _____
at (time): _____ by (check one):

- Personal service
- U.S. Mail per TCA §§ 20-2-215 and 20-2-216
(The Respondent does not live in Tennessee.)

Server's signature

Print Name

Petitioner was served on (date): _____
at (time): _____ by (check one):

- Personal service

Server's signature

Print Name

If the Petitioner is under 18 (and Petitioner is a social worker filing on behalf of a minor) and service of these documents would not put him/her at risk, the Clerk will serve and fill out below. (TCA § 36-3-605(c))

I served the child's parents of copies of the Petition, Notice of Hearing, and Temporary Order of Protection by personal delivery or U.S. Mail on: (date): _____ at (address): _____

Clerk's signature:

Notice to the Respondent about Firearms

If the court grants the Petitioner's request for a Protective Order:

- You will not be able to have a firearm while this or any later protective order is in effect. You will have to transfer all firearms in your possession within 48 hours to any person who is legally allowed to have them. *18 U.S.C. §922(g)(8), TCA §36-3-606(g), TCA §36-3-625.*
- You will not be allowed to buy a firearm until the court says otherwise.

Temporary Order of Protection (Ex Parte Order of Protection)

Petitioner is under 18

Case # (the clerk fills this in):

In the _____ Court of _____ County, TN

Petitioner (person needing protection)

If Petitioner is under 18, insert child's name if filed on behalf of an unemancipated person (someone under 18 years of age) pursuant to TCA §36-3-602. This request is being made by _____ who is child's parent or legal guardian or a caseworker.

_____ first middle last

Petitioner's children under 18 protected by this Order:

Name	Age	Relationship to Respondent	Name	Age	Relationship to Respondent
1. _____			3. _____		
2. _____			4. _____		

Respondent's Information (person you want to be protected from):

_____ first middle last date of birth (MM/DD/YYYY)

_____ street address city state zip

Respondent's Employer: _____ Employer's name Employer's phone #

Describe Respondent:

Sex	Race	Hair	Eyes	Height – Weight – SSN – Other		
				Height	Weight	Other
<input type="checkbox"/> Male	<input type="checkbox"/> White	<input type="checkbox"/> Black	<input type="checkbox"/> Brown			
<input type="checkbox"/> Female	<input type="checkbox"/> Asian	<input type="checkbox"/> Grey	<input type="checkbox"/> Hazel	Social Sec. # <small>(Provided to Clerk's Office if known)</small>		
	<input type="checkbox"/> Black	<input type="checkbox"/> Blond	<input type="checkbox"/> Blue	Scars/Special Features		
	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Bald	<input type="checkbox"/> Green	Phone Number		
	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Brown	<input type="checkbox"/> Grey			
		<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____			

Petitioner's relationship to the Respondent (Check all that apply):

We are married or used to be married. We live together or used to live together.

We have a child together. We are dating, used to date, or have had sex.


We are relatives, related by adoption, or are/were in-laws. (Specify): _____

We are the children of a person whose relationship is described above (Specify): _____

The Respondent has stalked me. The Respondent has sexually assaulted me.

Other: _____

The Court having reviewed the Petition for Temporary Order of Protection and finding, pursuant to TCA §36-3-605(a), that Petitioner is under an immediate and present danger of abuse from the Respondent and good cause appearing, the court issues the following:

Warning! 

Weapon involved

Has or owns a weapon

Orders to the Respondent:

- Do not abuse, threaten to abuse, hurt or try to hurt, or frighten Petitioner and/or Petitioner's minor children under 18.
- Do not put Petitioner and/or Petitioner's minor children under 18 in fear of being hurt or in fear of not being able to leave or get away.
- Do not stalk or threaten to stalk Petitioner and/or Petitioner's minor children under 18.
- Do not come about the Petitioner and/or Petitioner's minor children protected by this order (including coming by or to a shared residence) for any purpose.

This is a Court Order

- Do not contact the Petitioner and/or Petitioner's minor children protected by this order either directly or indirectly, by phone, email, messages, mail or any other type of communication or contact.
- If the parties share(d) a residence, Respondent must immediately and temporarily vacate the residence shared with the Petitioner, pending a hearing on the matter.
- If the parties shared a residence, Respondent can obtain his/her clothing and personal effects such as medicine as follows: (List process as approved by local law enforcement personnel)

- You must not hurt or threaten to hurt any animals owned or kept by the Petitioner/Petitioner's children.
- Other orders: _____

Go to court on (date): _____ at _____ a.m.
 p.m.

at (location): _____

You must obey these orders until the date of the hearing or until changes are made by the court. If you do not agree with these orders, go to the court hearing and tell the court why. If you do not go, the court can make orders against you. You have the right to bring your own lawyer. If you do not obey all orders on this form, you may be fined and sent to jail.

Only the court can change this Order. Neither you nor the Petitioner can agree to change this Order. Even if the Petitioner tries to contact you or agrees to have contact with you, you must obey this Order. If you do not, you can be sent to jail for up to 10 days and fined up to \$50 for each violation

(TCA § 36-3-610)

Date: _____ Time: _____ a.m.
 p.m.

 Judicial officer's signature

Warnings to Respondent:

The court will send a copy of this Order to all law enforcement agencies in this county. Any law enforcement officer who reasonably believes you have disobeyed this Order may arrest you.



If you hurt or try to hurt anyone while this Order, probation or diversion is in effect, you may face separate charges for aggravated assault, a Class C felony.
 (TCA § 39-13-102(c))

Proof of Service

The Respondent was served copies of the Petition, Notice of Hearing, and Temporary Order of Protection on:

(date): _____ at (time): _____ a.m.
 p.m.

by (check one):

- Personal service
- U.S. Mail per TCA §§ 20-2-215 and 20-2-216 (The Respondent does not live in Tennessee.)

 Server's signature

If the Petitioner is under 18 and serving these documents would *not* put him/her at risk, the Clerk will serve and fill out below. (TCA § 36-3-605(c))

I served the child's parents copies of the Petition, Notice of Hearing, and Temporary Order of Protection by personal delivery or U.S. Mail on: (date): _____

at (address): _____

 Clerk's signature:

This is a Court Order

NCIC / TCIC Protection Order Entry Form

Agency/Case Data

ORI: TN0630000 Message Key: ETO (Temporary / Exparte) ETOC (Temporary / Exparte with a Caution)
 EPO (Protection Order) EPOC (Protection Order with a Caution)
 OCA: _____
 Notify Originating Agency: _____ Court ORI: _____ Protection Order Conditions: _____
 Protection Order Number: _____ Expiration Date: _____ Date Protection Order Issued: _____
 Caution / Medical Conditions: _____

Brady Indicator: (check yes or no below) **Note:** Temporary / Ex Parte Orders must be NO.
 Yes - Qualifies for Brady Indicator. Subject cannot receive / possess a firearm / ammunition. No - Is not Brady Disqualified. Subject may receive or possess a firearm.

Person (Respondent) Data

Name (Last, First Middle):						Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown		Race: <input type="checkbox"/> Black <input type="checkbox"/> Indian <input type="checkbox"/> White <input type="checkbox"/> Unknown <input type="checkbox"/> Asian	
Height: ft. in.	Weight: lbs.	Eyes:	Hair:	Skin Tone:	Date of Birth:	Place of Birth:	Scars, Marks and Tattoos:		
Social Security Number:		Miscellaneous Number:		FBI Number:		Fingerprint Classification:			
Operator License Number:					Operator License State:		Operator License Year of Expiration:		

Miscellaneous: (provide explanation of caution / medical conditions, explanation of order conditions, etc.)

Vehicle Data

Vehicle Identification Number:			Vehicle Make:	Vehicle Model:	Vehicle Style:	Vehicle Color:
Vehicle Year:	License Plate Number:	License Plate State:	License Plate Year of Expiration:	License Plate Type:		

Protected Person (Petitioner) Data

Name (Last, First Middle):		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	Race: <input type="checkbox"/> Black <input type="checkbox"/> Indian <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Unknown	Date of Birth:	Social Security Number:
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The following data fields are specific to the State of Tennessee Protection Order (STOP) File:

Type of Court: <input type="checkbox"/> Chancery <input type="checkbox"/> Circuit <input type="checkbox"/> Criminal <input type="checkbox"/> Magistrate <input type="checkbox"/> General Sessions	County Code: 063	Date of Filing:	Date of Court:	Date of Service:	Date of Receipt:
	Judge or Issuer's Name:			Operator's Name:	
Serving Officer's Name:		Respondent's Street Postal Address:			
Respondent's City:		State:	Zip Code:	Respondent's Telephone Number:	

Date Entered: _____ Second Party Check by: _____

Entered by: _____ Third Party Check by: _____

TCIC #: _____ NCIC #: _____

AFFIDAVIT

I, *John Wilson* ; CHIEF LAW ENFORCEMENT OFFICER FOR THE
COUNTY OF MONTGOMERY, STATE OF TENNESSEE, HEREBY
ACKNOWLEDGE RECEIPT OF A COPY OF THE ORDER OF PROTECTION
FILED ON THE _____ DAY OF _____ 200__, FROM THE
GENERAL SESSIONS COURT OF SAID COUNTY.

IN THE CAUSE OF:

PETITIONER

VS

RESPONDENT

CASE NUMBER MCGSCVPO _____

THIS THE _____ DAY OF _____ 200__

DEPUTY SHERIFF

C

AFFIDAVIT

I, AL ANSLEY, CHIEF LAW ENFORCEMENT OFFICER FOR THE CITY OF CLARKSVILLE, STATE OF TENNESSEE, HEREBY ACKNOWLEDGE A RECEIPT OF A COPY OF THE ORDER OF PROTECTION ISSUED ON THE _____ DAY OF _____ 20____ FROM THE GENERAL SESSIONS COURT OF MONTGOMERY COUNTY.

IN THE CAUSE OF:

PETITIONER

VS

RESPONDENT

CASE NUMBER MCGSCVPO _____

THIS THE _____ DAY OF _____ 20____

CHIEF OF POLICE