

**APPLICATION FOR PROTECTION FROM DOMESTIC  
ABUSE AND SERVICE OF PROCESS**

**PETITIONER/VICTIM:** \_\_\_\_\_ **C#** \_\_\_\_\_ **SS#** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**EXACT LOCATION OF PERMANENT RESIDENCE:** \_\_\_\_\_

**CURRENT TEMPORARY SHELTER:** \_\_\_\_\_

**ARE YOU EMPLOYED?**       **YES**       **NO -IF YES, WHERE?** \_\_\_\_\_

**ARE YOU LEGALLY MARRIED TO THE RESPONDENT?**     **YES**       **NO – IF YES,**  
**TRIBAL / STATE. DATE OF MARRIAGE:** \_\_\_\_\_ **DATE OF SEPARATION:** \_\_\_\_\_

**CHILDREN BORN FROM MARRIAGE, COHABITATION OR RELATION. (ATTACH FAMILY  
PROFILE: IF NONE, LIST BELOW)**

	<b>NAME</b>	<b>C#</b>	<b>DOB</b>	<b>CURRENT RESIDENCE</b>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____

**RESPONDENT/ABUSER:** \_\_\_\_\_ **C#** \_\_\_\_\_ **SS#** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**EXACT LOCATION OF PERMANENT ADDRESS:** \_\_\_\_\_

**RESPONDENT'S EMPLOYMENT:** \_\_\_\_\_

**RESPONDENT'S IDENTIFICATION:**    **HT:** \_\_\_\_\_ ' \_\_\_\_\_ "      **WT:** \_\_\_\_\_

**OTHER IDENTIFYING MARKS:** \_\_\_\_\_

**PREVIOUS REPORTS OF DOMESTIC VIOLENCE ABUSE?** \_\_\_\_\_

**HAVE YOU FILED A TEMPORARY RESTRAINING ORDER BEFORE?** \_\_\_\_\_

**DID YOU REPORT THE LAST INCIDENT TO THE POLICE?**     **YES**       **NO**  
**IF YES, WHEN?** \_\_\_\_\_ **WHERE?** \_\_\_\_\_

**IS THE PERSON IN JAIL NOW?**       **YES**       **NO**

**DID YOU SIGN A CRIMINAL COMPLAINT FOR THE INCIDENT?**     **YES**       **NO**  
**IF NOT, WHY WAS IT NOT REPORTED TO THE POLICE?** \_\_\_\_\_

**WHO HELPED YOU FILL OUT THIS APPLICATION?** \_\_\_\_\_



c. Inform the court: are you afraid of the Respondent? Circle one: YES or NO. If yes, explain why you are afraid of this person:

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d. How long has Respondent been abusing you? \_\_\_\_\_

e. In the past, has Respondent committed physical and/or mental abuse against you? Circle one: YES or NO. If yes, explain how Respondent has abused you in the past. Also list approximate dates of past abuse. \_\_\_\_\_

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f. I have suffered emotional abuse and physical injuries as a result of Respondent's abuse and violence (Describe injuries): \_\_\_\_\_

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3. Respondent and I have been involved in the following court proceedings:

Criminal Prosecution: \_\_\_\_\_  
Domestic Violence: \_\_\_\_\_  
Custody: \_\_\_\_\_  
Others: \_\_\_\_\_

4. Respondent and I are the parents of the following child(ren). (List names, census numbers, and dates of birth or attach copy of family card.) \_\_\_\_\_

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a. The child(ren) are currently in [ ] my [ ] Respondent's physical custody.

5. I am the parent of the following children who are not the Respondent's children.

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6. The Respondent [ ] has [ ] has not abuse the above child(ren) (Describe any child abuse): \_\_\_\_\_

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7. I have suffered emotional and physical injuries as a result of Respondent's abuse. Unless Respondent is immediately restrained, such violence and threats will continue.

**MOTION FOR EX PARTE TEMPORARY PROTECTION ORDER**

I also need a Temporary Protection Order to protect me until a hearing can be held on my petition. I fear that if the Respondent finds out about this court case, Respondent will get angry and further injure me before the Court can issue a Domestic Abuse Protection Order.

I do not need an immediate Temporary Protection Order.

**REQUESTED RELIEF**

**I REQUEST THAT THE COURT DO THE FOLLOWING: (CHECK ALL THAT APPLY)**

1. Order the Respondent not to abuse, harass, threaten me, or commit any other domestic abuse.

2. Order the Respondent to immediately leave the family residence.

3. Order the Respondent to stay away at least 100 yards from the following places. (DO NOT LIST ADDRESS(ES) IF REVEALING IS WOULD FURTHER ENDANGER YOU)

a. My residence: \_\_\_\_\_

b. My employment: \_\_\_\_\_

c. School attended by my children or me: \_\_\_\_\_

d. Other places: \_\_\_\_\_

4. Order the Respondent not to contact me in person, in writing by telephone, through E-mail, or through a third party.

5. Award me temporary custody of our children and order the Respondent not to have contact with them until a court hearing is held.

6. After a hearing, allow the Respondent to visit with the children only on the following day(s) of the week: \_\_\_\_\_

at the following places(s): \_\_\_\_\_

and time(s): \_\_\_\_\_

under the supervision of the following person(s): \_\_\_\_\_

7. Order the Respondent to pay \$ \_\_\_\_\_ per month/pay period (CIRCLE ONE) for the support of our minor children.

8. Order the Respondent to compensate me for the following expense, incurred as a result of the abuse:

- a. Lost of earnings: \$ \_\_\_\_\_
- b. Property taken or damaged: \$ \_\_\_\_\_
- c. Travel expense: \$ \_\_\_\_\_
- d. Other: \$ \_\_\_\_\_

9. Order Respondent to return to me the following items of my property ( example: vehicle, clothing, identification documents) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Order Respondent not to sell, remove, hide, destroyed or damage any property owned by me or by the two of us jointly.

11. Direct a police officer to accompany me to a residence occupied by the Respondent to:

- a. obtain physical custody of the child(ren);
- b. collect my personal belongings;
- c. require Respondent to leave the residence.

12. Order the Respondent to attend alcohol/domestic abuse counseling. (CIRCLE ONE OR BOTH)  
\_\_\_\_\_  
\_\_\_\_\_

13. Other relief, as follows: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
PETITIONER, PRO SE

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**VERIFICATION/OATH**

**Pursuant to Navajo Rules of Domestic Violence Procedures, Rule 3.3 this must be signed before a Notary Public, Clerk of Court or NNBA Member**

*I have reviewed the information I wrote on this form, and I verify that everything in this petition is true to the best of my knowledge. I understand that if I have made any false statements on this form I may be subject to criminal prosecution or contempt of court.*

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

\_\_\_\_\_  
Clerk/Notary Public/NNBA Member signature