

Plaintiff's Name	Date of Birth ____/____/____	Defendant's Name	Date of Birth ____/____/____
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Relationship of the Parties <input type="checkbox"/> Spouses <input type="checkbox"/> Former Spouses <input type="checkbox"/> Family Member (describe relationship): _____ <input type="checkbox"/> Other (describe relationship): _____	Defendant's Street Address _____ City, State, Zip _____	<input type="checkbox"/> Persons who are or have been living together or sharing occupancy <input type="checkbox"/> Persons who are or have been engaged in a sexual relationship <input type="checkbox"/> Persons who are or have been dating
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EXISTING COURT ORDERS OR PROCEEDINGS:
 Is there an existing order or a pending court proceeding involving you, the Defendant, or the child/ren named in this Complaint?

Divorce/Separation	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Civil Union Dissolution	No <input type="checkbox"/>	Yes <input type="checkbox"/>	State(s)	County
Relief from Abuse	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Criminal	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Attorney for Plaintiff	Attorney for Defendant
Parentage	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Guardianship	No <input type="checkbox"/>	Yes <input type="checkbox"/>		
Juvenile (DCF)	No <input type="checkbox"/>	Yes <input type="checkbox"/>		No <input type="checkbox"/>	Yes <input type="checkbox"/>		

I. FACTS

1. On _____ (date) Defendant did the following to: Plaintiff Minor Child/ren
 Name(s) of Minor Child/ren _____

Attempted to cause or caused physical harm.
 Placed him/her/them in fear of imminent serious physical harm.
 Abused the child/ren (physically injured or otherwise treated the child/ren in a manner which placed the child/ren's life, health, development or welfare in jeopardy).
 Stalked Plaintiff and/or Minor child/ren, as defined in 12 VSA 5131(6) on _____ and _____ (date).
 Sexually assaulted Plaintiff and/or Minor child/ren, as defined in 12 VSA 5131(5) (date) _____ (date).

2. There is a danger of further abuse to: Plaintiff and/or Minor child/ren

3. Defendant is incarcerated and has been convicted of one of the crimes specified in 15 V.S.A. 1103 (c) (b).

4. Plaintiff has been/will be forced from residence and will be without shelter unless Defendant is ordered to leave the residence located at: _____ It is owned rented/leased in:
 Plaintiff's name Defendant's name Both Other

5. If Parental Rights and Responsibilities (custody) of child/ren is requested, fill in the following:

Name of Child	Date of Birth	Relationship to Plaintiff	Relationship to Defendant

6. Defendant has a duty to support: Plaintiff Child/ren

7. Plaintiff Defendant is or has been a recipient of public assistance.

II. REQUEST FOR EMERGENCY RELIEF

The Plaintiff requests that the court:

order Defendant to not abuse Plaintiff Plaintiff's child/ren and from interfering with his/her/their personal liberty.
 order Defendant to refrain from stalking or sexually assaulting Plaintiff Plaintiff's child/ren
 order Defendant to immediately leave the residence (identified in #4 above) and to order sole possession to the Plaintiff.
 award temporary Parental Rights and Responsibilities of the minor child/ren (identified in #5 above) to Plaintiff or to other persons.
 order Defendant to refrain from cruelly treating the pet(s) of the parties or pet(s) of the minor children of the parties.
 order Defendant to stay _____ feet away from Plaintiff Plaintiff's child/ren
 order that Defendant may not contact Plaintiff Plaintiff's child/ren in any way.
 other:

III. REQUEST FOR FINAL ORDER

The Plaintiff requests that the court:

order Defendant to not abuse the Plaintiff Plaintiff's child/ren and from interfering with his/her/their personal liberty.
 order Defendant to refrain from stalking or sexually assaulting Plaintiff Plaintiff's child/ren
 order Defendant to immediately leave the residence (identified in #4 above) and to order sole possession to the Plaintiff.
 award temporary Parental Rights and Responsibilities of the minor child/ren (identified in #5 above) to the Plaintiff or to other persons.
 award temporary possession and control of any pet(s) owned by the parties or by the minor child(ren) of the parties to the Plaintiff.
 order Defendant to stay _____ feet away from Plaintiff Plaintiff's child/ren
 order that Defendant may not contact Plaintiff Plaintiff's child/ren in any way.
 order temporary living expenses.
 order temporary child support.
 other:

The facts to support this request for relief can be found on Plaintiff's accompanying affidavit.

Signature of Plaintiff/Attorney	Date
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STATE OF VERMONT

SUPERIOR COURT

FAMILY DIVISION

Unit

Docket No.

Plaintiffs Name	DOB / /	v.	Defendant's Name	DOB / /
Defendant's Street Address			City, State, Zip	

AFFIDAVIT IN SUPPORT OF COMPLAINT

In support of the claims made in my complaint and subject to the penalties for perjury, I state the following facts to be true to the best of my knowledge and belief.

1. The most recent incident that causes me to ask for an order happened on or about	Date / /	at	Time AM PM
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in	Town, State	when	Name of person	did the following to me and/or the minor children:
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(Describe what happened below. Be specific: What was the act or threat of violence? Where did it happen? Who else was there? Was a weapon involved? Were you or anyone else injured? What were the injuries?)

Attach a separate sheet if necessary

2. Is the incident described above the most serious incident involving the defendant? Yes No
If your answer is No, please fill in the following information:

The most serious incident that causes me to ask for an order happened on	Date / /	at	Time
in	Town, State	<i>(Describe what happened below. Please be specific: What was the act or threat of violence? Where did it happen? Who else was there? Was a weapon involved? Were you or anyone else injured? What were the injuries?)</i>	

Attach a separate sheet if necessary

3. Other past incidents of serious violence or threats that support my request for an Order include:

(Be specific. For each incident, state: When and where it happened, who else was there, and details about any injuries resulting or weapons used.)

Attach a separate sheet if necessary

4. Do you feel that you are in immediate danger of further abuse from the defendant? Yes No

5. Is there an existing order or a pending court proceeding involving you, the Defendant and/or the child/ren named in the complaint? Yes No

If yes, please fill in the information requested below:

Type of Proceeding	Name of Case	Name of Court And State	Docket Number And Date Filed
Divorce/Separation Civil Union Dissolution Parentage			
Relief From Abuse Protection Order			
Criminal			
Guardianship Probate			
Juvenile			

I hereby swear or affirm that the information above is true to the best of my knowledge and belief.

	Signature of Plaintiff	Date / /
	Printed Name	

Signed and sworn before me:

Date	Signature of Notary Public	Expiration Date / /
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NOTICE: This Affidavit will be served on Defendant with your Complaint.

WARNING

MAKING FALSE STATEMENTS IN THIS AFFIDAVIT IS A CRIME SUBJECT TO A TERM OF IMPRISONMENT OR A FINE, OR BOTH AS PROVIDED BY 13 V.S.A. §2904.

STATE OF VERMONT

SUPERIOR COURT
Washington Unit

FAMILY DIVISION
Docket No.

Plaintiff	DOB	Defendant	DOB
		V.	

CONFIDENTIAL

Address for Notification

I am the Plaintiff
 Interested Person

Vermont Family Court Rules say that parties filing documents in Relief from Abuse/Neglect/Exploitation cases must give the Court an address and telephone number. The address and telephone number you give are for the Court to contact you about your case. Please complete the information below:

For the Court to contact me about my case, I can be reached at:

Name: _____
 Address: _____
 City/State/Zip: _____
 Phone Number(s): _____

The address & phone number(s) you have given in this case cannot be given to any person without your permission.

Do you consent to the release of this information?

Yes No

Important Information

The Rule that requires the Court to keep your address and phone number(s) confidential applies ONLY to Relief from Abuse/Neglect/Exploitation cases. **If you have other cases in Court, and you want the Court to keep your address and phone number(s) confidential in those cases, you must file a separate written request in each. Your request will be given to the judge. It is up to the judge to decide.**

Dated

Signature

DO NOT GIVE TO DEFENDANT - FOR LAW ENFORCEMENT PURPOSES ONLY

**DEPARTMENT OF PUBLIC SAFETY
PROTECTION ORDER SERVICE INFORMATION**

In order to help us serve your order quickly and safely, please fill out this form as completely as possible. Use a pen and print clearly. **Note - The information contained on this form is for law enforcement purposes only and should not be released to the defendant.**

Today's Date

PLAINTIFF INFORMATION

Your Name	Last	First	Middle	Your date of birth:
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Do you wish to be notified after the order is served? <input type="checkbox"/> Yes <input type="checkbox"/> No	Telephone number for notification of service: (This may be different than your home #)
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Relationship Information - Check all that apply.

- I am the spouse/former spouse of the defendant.
- I currently or have in the past lived with the defendant while having a sexual relationship with him/her.
- The defendant and I have a child or children in common.
- I am the defendant's child or step-child or I am filing on behalf of that child or step-child.
- I am the child of a person who currently or has in the past lived with the defendant while having a sexual relationship with him/her or I am filing on behalf of that child.

DEFENDANT INFORMATION (So we can quickly identify the defendant.)

Defendant's Name	Last	First	Middle	Suffix - <input type="checkbox"/> Jr. <input type="checkbox"/> Sr. <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd
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Defendant's date of birth	If you don't know, what is defendant's approximate age?
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List other names that the defendant uses:

Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
Race	<input type="checkbox"/> White <input type="checkbox"/> African American <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Other
Skin Color/Tone	<input type="checkbox"/> Light <input type="checkbox"/> Medium <input type="checkbox"/> Dark <input type="checkbox"/> Other
Height	_____ Feet _____ Inches
Weight	_____ Pounds
Eye Color	<input type="checkbox"/> Brown <input type="checkbox"/> Blue <input type="checkbox"/> Gray <input type="checkbox"/> Green <input type="checkbox"/> Hazel <input type="checkbox"/> Other
Corrective Lenses	<input type="checkbox"/> Glasses <input type="checkbox"/> Contact Lenses
Hair Color	<input type="checkbox"/> Brown <input type="checkbox"/> Blond <input type="checkbox"/> Black <input type="checkbox"/> Red <input type="checkbox"/> Gray/White <input type="checkbox"/> Bald <input type="checkbox"/> Other
Hair Length	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long <input type="checkbox"/> Bald
Facial Hair	<input type="checkbox"/> Beard <input type="checkbox"/> Mustache

Identifying Marks	<input type="checkbox"/> Tattoos - Describe location and design
	<input type="checkbox"/> Scars or marks - Describe location
	<input type="checkbox"/> Body piercing - Describe location
	<input type="checkbox"/> Other identifying marks

Please complete the second page of this form to ensure that your order is served as soon as possible.

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PROTECTION ORDER SERVICE INFORMATION - Page 2						
SERVICE INFORMATION (So we can quickly locate the defendant.)						
Defendant's Telephone Numbers	Home	Cell Phone	Work	Other		
Defendant's Address	House #	Street or Town Road #	City/Town		State	
Map must be drawn if street number is not available.						
Physical description of Defendant's residence:						
Best days and times to contact defendant at residence?						
Defendant's employer?	Name			Address		
What is the defendant's work schedule? - Enter defendant's schedule for each day below.						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Where may the defendant be if not at home or work? (List the address and telephone number for other locations the defendant might be in the space provided below.)						
House #	Street/Town Road #		City/Town		State	Telephone #
House #	Street/Town Road #		City/Town		State	Telephone #
Defendant's Vehicle	Plate #	Year	Make	Model	Color	
SERVICE ISSUES (So we can serve your order safely.)						
Will the defendant try to avoid being served this order?				<input type="checkbox"/> Yes <input type="checkbox"/> No		
Does the defendant have guard/vicious dogs?				<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is the defendant likely to be under the influence of drugs or alcohol?				<input type="checkbox"/> Yes <input type="checkbox"/> No		
Will the officer who serves this order be in any danger?				<input type="checkbox"/> Yes <input type="checkbox"/> No		
If you answered yes, why will the officer be in danger?						

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