

STATE OF VERMONT

SUPERIOR COURT

FAMILY DIVISION

Unit

Docket No.

Plaintiff	Date Of Birth	Defendant	Date Of Birth
		V.	

Defendant's Full Physical Address: _____

Complaint For Relief From Abuse

Relationship of the Parties

- Spouses
- Former Spouses
- Persons who are or have been living together or sharing occupancy
- Persons who are or have been engaged in a sexual relationship
- Persons who are or have been dating
- Family Member (describe relationship) _____
- Other (describe relationship) _____

Existing Court Order or Proceedings

Is there an existing order or a pending court proceeding involving you, the Defendant, or the child(ren) in this Complaint?

	No	Yes		No	Yes
Divorce/Separation	<input type="checkbox"/>	<input type="checkbox"/>	Civil Union Dissolution	<input type="checkbox"/>	<input type="checkbox"/>
Relief from Abuse	<input type="checkbox"/>	<input type="checkbox"/>	Criminal	<input type="checkbox"/>	<input type="checkbox"/>
Parentage	<input type="checkbox"/>	<input type="checkbox"/>	Guardianship	<input type="checkbox"/>	<input type="checkbox"/>
Juvenile (DCF)	<input type="checkbox"/>	<input type="checkbox"/>			

State(s) _____ County _____

Attorney for Plaintiff _____ Attorney for Defendant _____

Facts

- On (date) _____ Defendant did the following to: Plaintiff Child(ren)
 Names of Child(ren) _____
 Attempted to cause or caused physical harm.
 Placed him/her/them in fear of imminent serious physical harm.
 Abused the child(ren) named above (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 child(ren) named above as defined in 12 V.S.A. 5131(6) on (date) _____ and (date) _____.
 Sexually assaulted Plaintiff and/or child(ren) named above as defined in 15 V.S.A. 5131(5)
- There is a danger of further abuse to: Plaintiff and/or child(ren) named above.
- Defendant is incarcerated and has been convicted of one of the crimes specified in 15 V.S.A. 1103 (c)(1)(B).
- 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
- Defendant has a duty to support: Plaintiff and/or child(ren) named above.
- Plaintiff Defendant is or has been a recipient of public assistance.

Request for Emergency Relief

The Plaintiff requests that the court:

- order Defendant to not abuse Plaintiff and/or child(ren) named above. And from interfering with his/her/their personal liberty.
- order Defendant to refrain from stalking or sexually assaulting Plaintiff and/or child(ren) named above.
- order defendant to immediately leave the residence and to order sole possession to the Plaintiff.
- award temporary Parental Right and Responsibilities of the child(ren) named below to Plaintiff or to other persons.

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

- order Defendant to refrain from cruelly treating the pet(s) of the parties or the pet(s) of the child(ren) named above.
- ordered Defendant to remain _____ feet away from Plaintiff and/or child(ren) named above.
- order that Defendant may not contact Plaintiff and/or child(ren) named above in any way.
- Other: _____

Request for Final Order

The Plaintiff requests that the court:

- order Defendant to not abuse Plaintiff and/or child(ren) named above. And from interfering with his/her/their personal liberty.
- order Defendant to refrain from stalking or sexually assaulting Plaintiff and/or child(ren) named above.
- order defendant to immediately leave the residence and to order sole possession to the Plaintiff.
- award temporary Parental Right and Responsibilities of the child(ren) named below to Plaintiff or to other persons.

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

- award temporary possession and control of any pet(s) owned by the parties or by the child(ren) named above to the Plaintiff.
- order Defendant to remain _____ feet away from Plaintiff and/or child(ren) named above.
- order that Defendant may not contact Plaintiff and/or child(ren) named above in any way.
- order temporary living expenses.
- order temporary child support
- Other: _____

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

Dated

Signature of Plaintiff/Attorney

STATE OF VERMONT

SUPERIOR COURT

FAMILY DIVISION

Unit

Docket No.

Plaintiff	Date Of Birth	Defendant	Date Of Birth
		V.	

Defendant's Full Physical Address: _____

Affidavit in Support of Relief from Abuse Complaint

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

The most recent incident that causes me to ask for an order happened on _____ at _____ (date) in the town of _____, in the state of _____ (time)

When _____ (name) did the following to me and/or the minor children:

(attach a separate sheet of paper if necessary)

Is the incident described above the most serious incident involving the defendant? Yes No

If you answered NO:

The most serious incident that causes me to ask for an order happened on _____ at _____ (date) in the town of _____, in the state of _____ (time)

Describe what happened below. (Be specific. Where did it happen? Who else was there? Was a weapon involved?)

(attach a separate sheet of paper if necessary)

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 of paper if necessary)

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

Is there an existing order or a pending court proceeding involving you, the defendant and/or the child/ren name in the complaint?? Yes No

If YES, please fill in the information requested below:

Type of Proceeding	Name of Case	Name of Court & State	Docket Number & Date Filed
Divorce/Separation	_____	_____	_____
Civil Union	_____	_____	_____
Dissolution	_____	_____	_____
Parentage	_____	_____	_____
Relief from Abuse	_____	_____	_____
Stalking/Sexual Assault	_____	_____	_____
Criminal	_____	_____	_____
Probate Guardianship	_____	_____	_____
Juvenile	_____	_____	_____

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

I swear or affirm that the facts set forth in this petition are true and correct to the best of my knowledge and belief.

Date: _____ Signature: _____

Printed Signature: _____

Signed and sworn to before me:

Date: _____

Expiration Date: _____ Signature of Notary: _____

NOTICE: This Affidavit will be served on Defendant with the Complaint for Relief from Abuse

CONFIDENTIAL

Litigant's Address for Notification

Name: _____

Vermont Family Court Rules say that parties filing documents in Relief From Abuse 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:

Mailing Address: _____

City, State Zip: _____

Home/Cell Phone: _____ Work Phone: _____

The address & telephone 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

Date

Signature

Important information: The rule that requires the Court to keep your address and telephone number confidential applies ONLY to Relief From Abuse cases.
If you have other cases in Court, and you want the Court to keep your address and telephone number(s) confidential in those cases, you must file a written request in each. Your request will be given to the Judge. It is up to the Judge to decide.

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?
 Yes No

Telephone number for notification of service: (This may be different than your home #)

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	Jr.	Sr.
				1 st	2 nd	3 rd

Defendant's date of birth

If you don't know, what is defendant's approximate age?

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

Tattoos - Describe location and design

Scars or marks - Describe location

Body piercing - Describe location

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
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What is the defendant's work schedule? - Enter defendant's schedule for each day below.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
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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
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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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