

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, and/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"/>	Child Support	<input type="checkbox"/>	<input type="checkbox"/>
State(s) _____			County _____		
Attorney for Plaintiff _____			Attorney for Defendant _____		

Facts

- On _____ Defendant did the following to:
(date of the most recent incident)
 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
- Plaintiff Defendant is a recipient of a Reach Up program.

Request for Relief

The Plaintiff requests that the court:

- order Defendant to not abuse Plaintiff and/or child(ren) named above and not interfere 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 (listed in #4) and to order sole possession to the Plaintiff.
- order temporary living expenses for the Plaintiff
- order temporary child support
- order Defendant to refrain from cruelly treating the pet(s) of the parties or the pet(s) of the child(ren) named above.
- award temporary possession and control of any pet(s) owned by the parties or by the child(ren) named above to the Plaintiff.
- 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.
- award temporary Parental Rights and Responsibilities of the child(ren) named below to Plaintiff or to other persons. (Child(ren) of the Plaintiff and Defendant)

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

Other: _____

- The Plaintiff requests on an emergency basis the same relief as requested above, to the extent available.

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

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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.

To my knowledge, the defendant is is not in possession of a dangerous weapon.

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

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

(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 _____ in the town of _____, in the state of _____.
(time) (date)

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

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: _____

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. 1st 2nd 3rd

Defendant's date of birth _____ If you don't know, what is defendant's approximate age? _____

List other names that the defendant uses: _____

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

DO NOT GIVE TO DEFENDANT - FOR LAW ENFORCEMENT PURPOSES ONLY

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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

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?	

DO NOT GIVE TO DEFENDANT - FOR LAW ENFORCEMENT PURPOSES ONLY

One Part of Your Safety Plan

Safe at Home may only keep you safe if it is part of an overall safety plan. If you have created any government records using your current address, the *Safe At Home* substitute address will not protect you. *Safe At Home* will be effective if you relocate to a new residence and then begin using the substitute address as your residence.

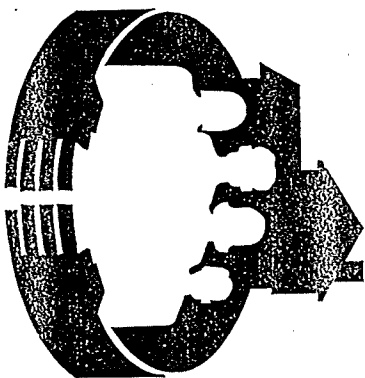
The *Safe At Home* program alone cannot keep you safe, but used with other safety strategies it can help. Contact your local victim advocate to discuss safety planning.

As part of your safety plan, you can also:

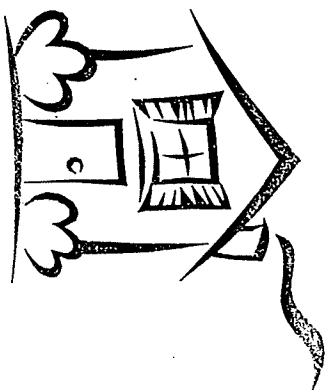
- Limit the number of deliveries to your home (UPS, mail orders, take-out food, taxi, etc.)
- Ask for a "Private Citizen" designation from your phone company for your E-911 address.
- Ask utility companies (cable, phone, electricity, heating, etc) about using an alternative address for billing purposes.
- Change your name and/or Social Security number.

Other resources to help keep you safe:

- Statewide Hotlines for 24 hour assistance:
- Domestic Violence: 1-800-228-7395
- Sexual Assault: 1-800-489-7273
- Vermont Center for Crime Victim Services: 1-800-750-1213
- Local and State Police Departments



SAFE AT HOME Address Confidentiality Program



*A Mail Forwarding Service for
Victims of Domestic Violence,
Sexual Assault and/or Stalking*

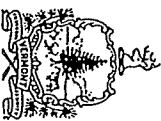
FOR MORE INFORMATION CONTACT SAFE AT HOME:

1-800-439-8683 (VT only)

1-802-828-0586 (Voice or TTY)

safeathome@sec.state.vt.us

www.sec.state.vt.us/otherprg/safeathome/
safeathome.html



*A program of the
Office of the Secretary of State
James C. Condos*

WHAT IS SAFE AT HOME?

The *Safe at Home* program is offered by the Secretary of State's office to help victims of domestic violence, sexual assault and/or stalking who have moved to escape their abusers. Because public records can be used to locate victims, the *Safe at Home* program helps keep the new address confidential. Additionally, many government agencies share address information, often without notifying the customer.

Safe at Home gives participants a substitute mailing address to use when creating or updating records with state or local government agencies. Mail is sent to the substitute address and is then forwarded, at no cost to the participant, to her or his actual location. Program participants can vote, get married and register births without fear that those records will put them at risk of being located by their abuser.

Safe at Home offers domestic violence, sexual assault and/or stalking victims an extra layer of protection and can be an important part of an overall safety plan.

IS THIS PROGRAM FOR YOU?

To be eligible for the *Safe At Home* program, you must answer yes to the following:

- Are you a victim of domestic violence, sexual assault, and/or stalking?
- Are you a resident of Vermont?
- Have you recently relocated or are you planning to move soon to a location unknown to the stalker or abuser?
- Are you at least 18 years old, an emancipated minor, or a parent/legal guardian acting on behalf of a minor or incapacitated person?
- Are you willing to make the Secretary of State's office your agent to receive legal documents and first-class mail?



Participating in the program means:

- You cannot refuse legal documents or evade your legal responsibilities. The *Safe At Home* program must always know how to reach you.
- Your first-class mail and assistance checks may be delayed by as much as 5 days.

APPLYING IS AS EASY AS 1-2-3!

- (1) Individuals interested in participating should contact their local Domestic Violence or Sexual Assault Program, or another statewide victim advocate. Call *Safe At Home* for victim advocates in your area.
- (2) Once your completed application is received and accepted, you will be sent additional information and *Safe At Home* authorization cards for every person listed on the application as proof of participation.
- (3) After you receive your authorization card, you can start requesting that state and local government agencies use the substitute address. It will be your responsibility to inform agency employees that you are a *Safe At Home* participant and that you wish to use the substitute address.



CONTACT SAFE AT HOME:

1-800-439-8683 (VT only)
1-802-828-0586 (Voice or TTY)

safeathome@sec.state.vt.us