

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

1.  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)
2.  There is a danger of further abuse to:  Plaintiff and/or  child(ren) named above.
3.  Defendant has used, displayed, or threatened to use a firearm against me or against a family member.
4.  Defendant is incarcerated and has been convicted of one of the crimes specified in 15 V.S.A. 1103 (c)(1)(B).
5.  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
6.  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 #5) and to order sole possession to the Plaintiff.
- order Defendant not to possess or purchase firearms for the duration of the order
- order Defendant to surrender immediately all firearms under the Defendant’s ownership, possession, or control to law enforcement.
- 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

SUPERIOR COURT

FAMILY DIVISION

Unit

Docket No.

Plaintiff	Date Of Birth	V.	Defendant	Date Of Birth

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 Defendant owns, possesses, or has ready access to firearm or other deadly weapons.

Yes  No  I don't know

*If firearms were present or used in any incidents below, please complete the section on page 2 on firearms.*

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.)*

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*(attach a separate sheet of paper if necessary)*

**Defendant's Access to Firearms**

Information regarding known firearms is provided below:

<b>Type of Firearm/Other Deadly Weapon</b> (handgun/rifle/knife; make/model if known)	<b>Location of Firearm/Other Deadly Weapon</b> (e.g., bedroom/vehicle)

*If there is not enough room in the space above, please use an additional sheet of paper.*

I have attached \_\_\_\_\_ additional sheet(s).

**Defendant's Use of Firearms/Other Deadly Weapons**

The defendant  has  has not used, displayed, or threatened to use a firearm or other deadly weapon against me or against another family member.

If so, please describe below: *(Be specific. What did the defendant do? If the firearm or deadly weapon belonged to someone else, how did defendant get it? Where did the incident happen? Who else was there?)*

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*(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

If yes, please include any information not already described above:

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**Military Service:** The Defendant  is  is not in the military service.

**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**

**STATE OF VERMONT**

**SUPERIOR COURT**

**Unit**

**FAMILY DIVISION**

**Docket No.**

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		V.		

**AFFIDAVIT**

In support of the complaint, motion, petition or objection filed in this case, subject to the penalties for perjury, I state the following facts, which are true to the best of my knowledge and belief.

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Dated \_\_\_\_\_

\_\_\_\_\_  
Signature

Signed and sworn to or affirmed before me:

Date	Signature of Notary Public	Expiration
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# 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:

Street Address: \_\_\_\_\_

Mailing Address (if different from street address): \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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	<input type="checkbox"/> 1 <sup>st</sup>	<input type="checkbox"/> 2 <sup>nd</sup>	<input type="checkbox"/> 3 <sup>rd</sup>	<input type="checkbox"/> Jr.	<input type="checkbox"/> Sr.
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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	<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.**

**DO NOT GIVE TO DEFENDANT - FOR LAW ENFORCEMENT PURPOSES ONLY**



**DO NOT GIVE TO DEFENDANT - FOR LAW ENFORCEMENT PURPOSES ONLY**

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		
<p><b>Map must be drawn if street number is not available.</b></p>          							
Physical description of Defendant's residence:							
Best days and times to contact defendant at residence?							
Defendant's employer?	Name			Address			
<b>What is the defendant's work schedule? - Enter defendant's schedule for each day below.</b>							
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
<b>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.)</b>							
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**

## **Affirmation for COVID-19 Emergency filings**

(This supplemental form replaces the current requirement of notarization during the Judiciary's limited public access period)

I declare that the above statement is true and accurate to the best of my knowledge and belief. I understand that if the above statement is false, I will be subject to the penalty of perjury or other sanctions in the discretion of the court

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_