

PROTECTION FROM ABUSE (PFA)

IMPORTANT INFORMATION (Please Read BEFORE Completing):

- The person asking for the PFA is the Plaintiff.
- Either the Plaintiff or the Defendant must live in Geneva County.
- Read over PFA to ensure you are eligible to apply (On Next Page).
- Last page must be signed in front of a Notary Public or Clerk of the County.
- Employees of the Clerk's Office are prohibited from giving legal advice or assistance in completing Petition.

ⓘ The following information is required before a Protection Order can be entered on the Domestic Violence Order Registry: (Please Print)

YOUR INFORMATION:

Have you ever filed a Petition for Protection From Abuse against this individual before? Yes No
If so, what county & state? _____

Legal Name: _____

Permanent Street Address: _____

City _____ State _____ Zip _____

Temporary Street Address: _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Work Phone _____ Other Phone _____

Date of Birth _____ SS# _____

Height _____ Weight _____ Race _____ Sex _____

Color of Hair _____ Color of Eyes _____

Marital Status: _____ Relationship to Defendant: _____

DEFENDANT'S INFORMATION: *Must Have Physical Address to Serve Petition*

Legal Name: _____ Phone # _____

Street Address: _____

City _____ State _____ Zip _____

Place of Employment _____

Employer's Address _____

Date of Birth _____ SS# _____

Height _____ Weight _____ Race _____ Sex _____

Color of Hair _____ Color of Eyes _____

Other Distinguishing Mark _____

Vehicle _____ Tag # _____

Driver's License # _____ State _____

******THE CLERK'S OFFICE IS FORBIDDEN BY LAW FROM GIVING ANY KIND OF LEGAL ADVICE OR PROVIDING ASSISTANCE IN COMPLETING THE FORMS******

PETITION FOR PROTECTION FROM ABUSE CHECKLIST:

To qualify for a Protection from Abuse Order, the following **MUST** apply:

1. You **MUST** show that you & the Defendant have at least one of the following relationships **(Circle one or more)**:
 - a. Spouse or former spouse
 - b. Dating relationship (present or within the past 12 months)
 - c. Current or former household member (a household member excludes non-romantic or non-intimate co-residents)
 - d. Child in common regardless of whether the victim and Defendant have ever been married and regardless whether they are currently residing or have in the past resided in the same household.
 - e. Relative of a current or former household member who also lived with the Defendant
 - f. Individual who is a parent, step-parent, child, or step-child, grandparent, step-grandparent, grandchild, step-grandchild.

2. You **MUST** be at least **18 years of age** (age depending on emancipation)

3. You **MUST** be able to provide the court with a **correct physical address** for the Defendant.

4. The Defendant **MUST** have done one or more of the following **(Check one or more)**:
 - Cause you bodily injury
 - Attempted to cause you bodily injury
 - Threatened to cause you bodily injury
 - Placed you in fear of serious bodily injury
 - Caused you to engage in sexual relations by force or threat of force
 - Abused a minor child
 - Abused a physically or mentally incapacitated person

.....

I have read and understand the requirements for filing a Petition for Protection from Abuse. I feel that I meet the requirements and that I qualify for a Protection Order. I request the paperwork to complete.

Signature

Date

PETITIONER'S AFFIDAVIT OF UNDERSTANDING

**must be read, sworn, initialed and signed when filing a
Petition of Protection from Abuse.**

_____ I understand that filing for and obtaining a PROTECTION FROM ABUSE order in Alabama (Ala Code S30-5-1 thru 11 Protection from Abuse Act and Ala Code S30-5A-1 thru 7 Family Violence Protection Order Enforcement Act) is a very serious matter under Alabama law.

_____ I understand that the purpose of this act is to assure protection to victims of domestic violence, to prevent domestic abuse and to recognize that battering or assault is a crime.

_____ I agree as a condition to the court considering my petition that I will appear at all hearings set in this case and all criminal proceedings relating to this case.

_____ I agree that I will not file any false petitions nor make any false allegations and that I will testify truthfully at any proceeding relating hereto and fully cooperate with the District Attorney / Prosecutor.

My address is: _____

My phone # is: _____

_____ I understand that violation of a protection order is a crime in Alabama which may carry a sentence of up to one (1) year in the county jail and up to a \$2000 fine.

_____ I agree to immediately report any violation of my protection order, if issued.

_____ I understand that if I sign a petition and obtain an order that I may not have any contact with the Defendant unless specifically allowed by the court nor will I do anything to cause or encourage the Defendant to violate the order.

_____ Petitioner agrees to appear for future court date(s).

Petitioner

Date

**ELECTION TO RECEIVE COURT NOTICES
BY E-MAIL OR TEXT IN LIEU OF FIRST-
CLASS MAIL**

In the District/Circuit Court of GENEVA County, Alabama

CASE NUMBERS: _____

I, _____, a party to the above listed case hereby elect to receive court notices in this matter by e-mail and/or text. I understand that by choosing notice by e-mail/text, I will not receive notice through the postal service.

I understand to cancel this election to receive notice by e-mail/text, I must do so in writing to the Circuit Clerk.

I recognize my election to receive notice by e-mail/text or to cancel that election does not affect the service due my attorney through the court's electronic filing system, or to myself if I am a registered user of the electronic filing system.

I understand that it is my responsibility to immediately notify the clerk's office should my e-mail address, phone number, or other contact information change, or if there are any other problems that would prevent receiving notice from the court.

By agreeing to receive text messages about my case, I understand that **STANDARD FEES AND TEXT MESSAGING RATES MAY APPLY BASED ON MY PLAN WITH MY MOBILE DEVICE CARRIER.** I understand that I am responsible for any such fees. I understand that the court cannot guarantee text message delivery. Text messages are merely a courtesy, and it is my responsibility to monitor my registered email address regularly for all notices.

SIGNED: _____ DATE: _____

PRINTED NAME: _____

PRINTED E-MAIL ADDRESS: (Required. Please Print Legibly)

_____ @ _____ CELL

PHONE NUMBER: _____

CELL PHONE CARRIER: _____

PETITION FOR PROTECTION FROM ABUSE

Court Case Number: _____

IN THE CIRCUIT COURT OF GENEVA COUNTY, ALABAMA
(Name of County)

_____ V. _____
(Plaintiff (Victim)) (Defendant (Person to be Restrained))

_____ filing on behalf of _____
(Plaintiff) (Victim) (Defendant's Address (Office or Home))

Section 30-5-5(f)(1), Ala. Code 1975, provides "...[t]he following information shall not be contained on any court document made available to the public and the defendant by the circuit clerk's office: The plaintiff's home address and, if applicable, business address; a plaintiff's home telephone number and, if applicable, business telephone number; the home or business address or telephone number of any member of the plaintiff's family or household; or an address that would reveal the confidential location of a shelter for victims of domestic violence as defined in Section 30-6-1."

(City) (State) (Zip Code)

(Defendant's Date of Birth)

***-**-____

(Defendant's Social Security Number - Last 4 Only)

YOU MUST PROVIDE COMPLETE AND TRUTHFUL INFORMATION. IF YOU DO NOT, THE COURT MAY DISMISS THIS CASE, AND YOU MAY BE SUBJECT TO BEING CHARGED WITH PERJURY FOR KNOWINGLY PROVIDING FALSE INFORMATION.

I. ELIGIBLE PLAINTIFFS (CHECK ALL THAT APPLY):

(Note: The word, "Plaintiff," is used in this block to describe the victim and/or the person(s) filing on behalf of the victim):

- I am 18 years of age or older and am a victim of abuse or have reasonable cause to believe I am in imminent danger of becoming the victim of any act of abuse.
- I am a parent; or a legal guardian; or a next friend; or a court appointed guardian ad litem; or the State Department of Human Resources seeking protection from domestic violence on behalf of the victim who is: a minor child; or a person prevented by physical or mental incapacity from seeking a protection order.
- I am under 18 years of age, emancipated, and am a victim of abuse or have reasonable cause to believe I am in imminent danger of becoming the victim of any act of abuse.

In order to qualify for the issuance of a protection order pursuant to the Protection from Abuse Act, you must check ONE of the boxes below, showing you have one of the following relationships with the Defendant.

- 1. The Defendant is the victim's spouse (Describe: _____) or former spouse (Describe: _____); or the Defendant is in or had a common-law marriage with the victim (Describe: _____).
Date of Marriage: _____ Date of Divorce (if applicable): _____
- 2. The Defendant and the victim has or had a dating relationship (Describe: _____).
(A dating relationship means a relationship or former relationship of a romantic or intimate nature characterized by the expectation of affectionate or sexual involvement by either party; includes the period of engagement to be married; and does not include a casual or business relationship or a relationship that ended more than 12 months prior to the filing of the petition for a protection order).
- 3. The Defendant is a current or former household member of the victim (A household member excludes non-romantic or non-intimate co-residents). Describe victim's relationship to the above-named Defendant: _____
- 4. The Defendant and the victim have a child in common regardless of whether the victim and Defendant have ever been married and regardless whether they are currently residing or have in the past resided together in the same household (defined in 3 above). Describe victim's relationship to the above-named Defendant: _____
- 5. The victim is a relative of a current or former household member defined in 3 above who also lived with the Defendant. Describe victim's relationship to the above-named Defendant: _____
- 6. The victim is an individual who is a parent, step-parent, child, step-child, grandparent, step-grandparent, grandchild, or step-grandchild. Describe the victim's relationship to the above-named Defendant: _____

(NOTE: The word "Plaintiff" in the remainder of this form refers to the victim for whom protection is being sought.)

I state that the following is true and correct:

The Plaintiff is a resident of _____ in _____. The Plaintiff's age is _____ years old.
(Name of County) (Name of State)

Is the Plaintiff involved in any other civil, domestic relations, child support, or juvenile case (for example, divorce, paternity or custody) with the Defendant? YES NO

If YES, please state the County and State in which the case was brought: _____ County,

(Name of State) (Name of County)

Are there any criminal charges against the Defendant because of abuse to the Plaintiff? YES NO
If YES, the charges were brought in _____ County, _____.
(Name of County) (Name of State)

(Note: If there are more civil or other cases with the Defendant or more criminal charges against the Defendant, please attach additional 8" x 11" sheets of paper, if necessary, stating the case number(s), County(ies), and States(s) in which these cases are being handled.)

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(Check the box if the following statement applies to the Plaintiff):

- The Plaintiff left his or her residence to avoid further abuse or threat of abuse, and the Plaintiff is temporarily located in _____ County, Alabama. (Name of County)
- The Defendant lives in _____ County, _____ (Name of State)
(Name of County)
- The abuse occurred in _____ County, Alabama.
(Name of County)
- The Defendant is _____ years old.
- I am requesting a protection order; a change in a current protection order; an emergency order; a change in an emergency order.

II. To Get a Protection Order, the Defendant Must Have Done One or More of the Following (Check all that apply):

- | | |
|---|--|
| <ul style="list-style-type: none"><input type="checkbox"/> Threatened to confine the Plaintiff<input type="checkbox"/> Made the Plaintiff afraid that the Plaintiff would be seriously injured<input type="checkbox"/> Made the Plaintiff have sex by force or threat of force<input type="checkbox"/> Kidnapped the Plaintiff or his or her child(ren)<input type="checkbox"/> Trespassed on the Plaintiff's property<input type="checkbox"/> Tortured or willfully abused the Plaintiff's child(ren)<input type="checkbox"/> Stole from the Plaintiff<input type="checkbox"/> Recklessly engaged in conduct which risked serious injury to the Plaintiff<input type="checkbox"/> Tortured or willfully abused the Plaintiff's child(ren) multiple times | <ul style="list-style-type: none"><input type="checkbox"/> Exposed the Plaintiff's child(ren) to drugs<input type="checkbox"/> Injured the Plaintiff<input type="checkbox"/> Tried to do one or more of the acts in this section<input type="checkbox"/> Threatened to injure/hurt the Plaintiff<input type="checkbox"/> Stalked the Plaintiff<input type="checkbox"/> Set fire to the Plaintiff's house<input type="checkbox"/> Restrained the Plaintiff<input type="checkbox"/> Other (please specify): _____ |
|---|--|

III. Explain the Abuse That Has Happened (Begin With the Most Recent Act. You May Add Additional 8" x 11" Sheets of Paper, If Necessary):

Date and place where the abuse occurred:

Describe how the Defendant hurt or threatened the Plaintiff or how the Plaintiff is in imminent danger of becoming a victim:

I genuinely fear the Defendant will cause further abuse because:

IV. Legal Information Required (Check all that apply):

There is a current restraining or protection order against the Defendant:

- YES; I don't know; NO. If YES, the County and State where it was issued: _____ County, _____ (Name of State)
(Name of County)

The Defendant has a current restraining or protection order against the Plaintiff:

- YES; No. If YES, the County and State where it was issued: _____ County, _____ (Name of State)
(Name of County)

(Note: If there are more current restraining or protection orders against the Defendant or against the Plaintiff, please attach additional 8" x 11" sheets of paper, if necessary, stating the case number(s), County(ies), and State(s) in which these Orders were issued).

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V. Child(ren)

A. The name(s) and date(s) of birth of any child(ren) of the Defendant and the Plaintiff, who are under 19 years old.

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

B. Is there a custody order concerning any of the above children? YES NO

C. For the last six months, the child(ren) (has) have lived (in what State and with whom):

Child: _____ Lived with: _____ State: _____

Child: _____ Lived with: _____ State: _____

Child: _____ Lived with: _____ State: _____

Child: _____ Lived with: _____ State: _____

VI. Residence

THE DEFENDANT MAY BE REQUIRED TO MOVE FROM THE PLAINTIFF'S RESIDENCE IF THE RESIDENCE IS IN THE SOLE NAME OF THE PLAINTIFF, IF IT IS JOINTLY OWNED OR RENTED BY THE PLAINTIFF AND THE DEFENDANT, OR IF THE PARTIES ARE MARRIED TO EACH OTHER.

The place where the Plaintiff lives is: **Owned by:** the Plaintiff; or the Defendant; or both the Plaintiff and the Defendant.

Rented by: the Plaintiff; or the Defendant; or both the Plaintiff and the Defendant.

The Plaintiff must notify the Court of any change(s) in address.

VII. Ex Parte Relief Requested (Please Check the Boxes To Show What is Requested):

I am asking the Court for the following for myself and/or the person(s) for whom I am applying:

(1) Enjoin the Defendant from threatening to commit or committing acts of abuse, as defined in the Protection from Abuse Act, against the Plaintiff; and/or child(ren) of the Plaintiff; and/or any designated person. List the name(s) of person(s) who need protection: _____

(2) Restrain and enjoin the Defendant from annoying, harassing, stalking, threatening, and engaging in conduct that would place the Plaintiff and/or minor(s); and/or child(ren) of the Plaintiff; and/or any designated person in reasonable fear of bodily injury or from contacting the Plaintiff or the children of the Plaintiff. List the name(s) of the person(s) who need protection: _____

* "Contacting" includes, but is not limited to, communicating with the victim verbally or in any written form, either in person, telephonically, electronically, or in any other manner, either directly or indirectly through a third person.

Original - Court Record

Copy - Law Enforcement

Copy - Plaintiff

Copy - Defendant

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Court Case Number:

- (3) Restrain and enjoin the Defendant from having any physical or violent contact with the Plaintiff or the Plaintiff's property, or from going within a minimum of 300 feet of the Plaintiff's residence, even if the residence is shared with the Defendant, school, or place of employment of the Plaintiff, any children, or any other person designated by the court, or order the Defendant to stay away from any specified place frequented by the Plaintiff, any children, or any person designated by the court where the court determines the Defendant has not legitimate reason to frequent.

- (4) Award temporary custody of the child(ren) to _____
(Please specify the name of the person to whom custody should be given)

- (5) Enjoin the Defendant from interfering with the Plaintiff's efforts to remove any of the Plaintiff's child(ren) or from removing any children from the jurisdiction of the court and direct the appropriate law enforcement officer to accompany the Plaintiff during the effort to remove any of the Plaintiff's child(ren) as necessary to protect the Plaintiff or any children from abuse or child abuse.

- (6) Enjoin the Defendant from removing any child(ren) from _____
[the individual having legal custody of the child(ren)], except as subsequently authorized by a custody or visitation order issued by a court of competent jurisdiction.

- (7) Remove and exclude the Defendant from the residence of the Plaintiff, regardless of ownership of the residence.

- (8) Order possession and use of an automobile; and/or other essential personal effects regardless of ownership, and direct the appropriate law enforcement officer to accompany the Plaintiff to the residence of the parties or to other specified locations as necessary to protect the Plaintiff or any children from abuse.

- (9) Prohibit the Defendant from transferring; concealing; encumbering; or otherwise disposing of specified property mutually owned or leased by the parties (Please describe property): _____

- (10) Order other relief deemed necessary to provide for the safety and welfare of the Plaintiff; and/or any child(ren); and/or any designated person.
List the name(s) of the person(s) who need protection: _____

VIII. Additional relief requested for final hearing (permanent order):

In addition to the relief requested above in "VII. Ex Parte Relief Requested," I request the following relief for myself and/or the person(s) for whom I am applying:

- (11) Order the Defendant to comply with the following visitation arrangements of any child(ren):
 Visitation; Deny visitation; Require supervision by a third party
(Please specify visitation arrangements of any child(ren) below giving primary consideration to the safety of the Plaintiff or any child(ren) or both):

- (12) Order the Defendant to pay attorney's fees and court costs.

- (13) Grant possession of the residence or household to the Plaintiff to the exclusion of the Defendant by evicting the Defendant; restoring possessions to the Plaintiff; or both; or agreeing to allow the Defendant to provide suitable alternate housing.

- (14) Order the Defendant to pay temporary reasonable child support for the Plaintiff and/or any child(ren) in the Plaintiff's custody, or both, in accordance with the Child Support Guidelines. (If this relief is sought, you must attach COMPLETED copies of Form CS-41, Child Support Obligation Income Statement/Affidavit, Form CS-42, Child Support Guidelines, and Form CS-47, Child Support Information Sheet).

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(15) Order the Defendant to provide temporary possession of the vehicle (description): _____ to the Plaintiff

because the Plaintiff has no other means of transportation of his or her own and the Defendant has control of more than one vehicle; or has alternate means of transportation.

(16) Incorporate another custody order (Case Number, County, State: _____); or visitation order (Case Number, County, State: _____); and/or support order (Case Number, County, State: _____) into this Order.

(17) Order the Defendant to surrender all firearms.

(18) Direct the appropriate law enforcement office to accompany the Plaintiff to the residence of the parties; and/or another location, _____ (description of location), as necessary to enforce any of the terms of this Order.

(19) Order other relief not requested above (describe): _____

Before me, the undersigned authority, personally appeared the Plaintiff, who is known to me or presented an identification card to me, and who being duly sworn, deposes and says that he/she has read the foregoing Petition for Protection from Abuse and that the facts herein are true and correct.

Sworn to and subscribed before me this _____ day of _____, _____.

(Plaintiff (Please print))

(Plaintiff (Signature))

(Signature of Judicial Officer*)

*If an individual who verifies this form is not a judicial officer but is a notary public, that individual must attach one of the acknowledgment pages (for an individual, an entity, or remotely) and complete and sign it and affix the individual's notary seal.

NOTICE TO DEFENDANT

The Defendant is advised that (1) he or she has the right to counsel at his or her own expense at the final hearing on this Petition but not counsel appointed by the court; and (2) he or she has a right to request a final hearing prior to 10 days of perfection of Service of this Petition.

Original - Court Record

Copy - Law Enforcement

Copy - Plaintiff

Copy - Defendant

Danger Assessment

Jacquelyn C. Campbell, PhD, RN, PAAN
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www.dangerassessment.com

There is an increased risk of homicide (murder) for individuals in violent and/or abusive relationships. Several risk factors are identified as indicators for the danger of homicide in these cases, and it is extremely important for you to see if any apply to your situation.

Using a calendar, mark any dates during the past year that you were abused by the defendant (or partner, if there are no criminal charges). For each date, rate the incident/abuse according to the following scale, and write that number or numbers beside your marked dates. You can use multiple numbers if they apply.

1. Slapping, pushing; no injuries and/or lasting pain
2. Punching, kicking; bruises, cuts, and/or continuing pain
3. "Beating up"; severe contusions, burns, broken bones
4. Threat to use weapon; head injury, internal injury, permanent injury, miscarriage, choking
 - a. (Use a "C" in the date to indicate choking/strangulation/cut off your breathing, etc.)
5. Use of weapon; wounds from weapon

Mark Yes – "Y" or NO – "N" for each of the following questions.

(Note: "Partner" refers to the person with whom you are or were in a relationship.)

- ___ 1.) Has the physical violence increased in severity or frequency over the past year?
- ___ 2.) Does your partner own a gun?
- ___ 3.) Have you left your partner after living together during the past year?
3a.) If you have never lived with your partner, check here ___.
- ___ 4.) Is your partner unemployed?
- ___ 5.) Has your partner ever used a weapon against you or threatened you with a deadly weapon?
5a.) If yes, was the weapon a gun? ___ (Mark Yes – "Y" or NO – "N")
- ___ 6.) Does your partner threaten to kill you?
- ___ 7.) Has your partner avoided being arrested for domestic violence or a violation of a domestic violence protection order?
- ___ 8.) Do you have child that is not your partner's?
- ___ 9.) Has your partner ever forced you to have sex when you did not wish to do so?
- ___ 10.) Does your partner ever try to choke/strangle you or cut off your breathing?
10a.) If yes, has your partner done it more than once, or did it make you pass out or black out or make you dizzy? ___ (Mark Yes – "Y" or NO – "N")
- ___ 11.) Does your partner use illegal drugs or misuse prescription medicines? (Examples of illegal drugs include "uppers" or amphetamines, meth, speed, angel dust, cocaine, "crack," or any street drugs or mixtures).
- ___ 12.) Is your partner an alcoholic or problem drinker?
- ___ 13.) Does your partner control most or all your daily activities? For example: Does your partner tell you who you can be friends with, when you can see your family, how much money you can use, or when you can take the car?
13a.) If your partner tries, but you do not let him or her, check here: ___ (Mark Yes – "Y" or NO – "N")
- ___ 14.) Is your partner violent and constantly jealous of you? (As an example, does your partner say, "if I can't have you, no one can.")
- ___ 15.) Have you ever been beaten by your partner while you were pregnant?
15a.) If you have never been pregnant by your partner, mark here: ___ (Mark "X" if never been pregnant by your partner)
- ___ 16.) Has your partner ever threatened or tried to commit suicide?
- ___ 17.) Does your partner threaten to harm your children?
- ___ 18.) Do you believe your partner is capable of killing you?
- ___ 19.) Does your partner follow or spy on you, leave threatening notes or messages, destroy your property, or call you when you don't want them to?
- ___ 20.) Have you ever threatened or tried to commit suicide?

_____ Total Number of "Yes – Y" answers.

Please talk to your nurse, advocate, or counselor about what the Danger Assessment means in terms of your situation.

(Your Name)

(Date of Assessment)