

STATE OF INDIANA)
) SS: IN THE _____ COURT _____
) (_____ DIVISION, ROOM ____)
 COUNTY OF CLARK)

 _____,)
 Petitioner)
 vs.)
 _____,)
 Respondent)

CASE NO. _____

NOTICE TO APPEAR

The Petitioner having filed a petition for an Order for Protection, the Court now finds the conditions in Indiana Code § 34-26-5 have been met, and sets this matter for Hearing as follows:

TO: _____

DATE OF HEARING: _____

TIME OF HEARING: _____

LOCATION OF HEARING: 501 E. Court Ave, Rm. 247
Jeffersonville, IN 47130
Clark County Judicial Center

Please bring all documents and witnesses relating to this case with you to Court on your hearing date.

___ THE SHERIFF OF _____ COUNTY, INDIANA, IS ORDERED to personally serve this notice upon Respondent and make due return.

DATE: _____

Approved and ordered by:

 _____, JUDGE/MAGISTRATE

*******IMPORTANT NOTICE*******

IF YOU DO NOT ATTEND THE HEARING IN THIS CASE, THE JUDGE MAY HEAR THE CASE IN YOUR ABSENCE AND ORDER ADDITIONAL RELIEF THAT MAY INCLUDE:

- **EVICTION/EXCLUSION FROM A RESIDENCE;**
- **RESTRICTING POSSESSION OF PERSONAL PROPERTY;**
- **RESTRICTING PARENTING TIME;**
- **AWARDING CHILD SUPPORT; AND,**
- **PROHIBITING POSSESSION OF FIREARMS, AMMUNITION, OR DEADLY WEAPONS.**

_____))
 Name of Minor Child, Petitioner)
 _____,)
 By Child's Next Friend, **(Your Name)**)
 vs.)
 _____,)
 Respondent **(Person to be Restrained)**)

IMPORTANT: This is a public document and a copy of it will be placed in the Court's file. A copy may also be sent to the Respondent.
(Check those which apply)

- 1

☐ the Respondent is, or used to be, the child's guardian;
☐ the Respondent is, or used to be, the child's custodian;
☐ the Respondent is, or used to be, the child's foster parent;
☐ the child who needs protection is a minor child of someone in one of the types of relationships described above.

☐ The child is a victim of a sex or violent offense committed by the Respondent in cause number _____ of the _____ Court in the state of _____.
 The date of conviction was _____. As a result of this conviction, the respondent is a sex or violent offender as defined in I.C. 11-8-8-5 and is required to register as a lifetime sex or violent offender under I.C. 11-8-8-19. For this reason, any order of protection entered in this case should be effective indefinitely.

If Respondent is not a family or household member as indicated above, but Respondent has committed stalking, a sex offense, sex grooming, or repeated acts of harassment (check only the line below which best applies):

- a. ☐ the Respondent has committed stalking against the child who needs protection.
- b. ☐ the Respondent has committed a sex offense against the child who needs protection.
- c. ☐ the Respondent engaged in a course of conduct involving repeated or continuing contact with a child that is intended to prepare or condition a child for sexual activity (as defined by Ind. Code § 35-42-4-13).
- d. ☐ the Respondent committed repeated acts of harassment against the child.

3. How old is the Respondent? _____ years old.

4. Please list all cases (divorce, protection orders, paternity, guardianship, criminal, juvenile, civil) involving the Respondent, or the Child you have with the Respondent (*attach additional sheets of paper if necessary*):

Case Name	Case Number	County & State

_____ Continued on Attachment 4a.

If the child and Respondent attend the same school, please list the school and school corporation.

5. This case is filed in this county because:

- ☐ a. the Respondent lives in this county.
- ☐ b. the incident(s) of domestic or family violence, stalking, sex offense, sex grooming, or harassment happened in this county.
- ☐ c. the child who needs protection lives in this county.
- ☐ d. the Petitioner lives in this county.

6. If you are not represented by an attorney, fill in your public mailing address:

This address will not be kept secret, so you should use a mailing address that you feel comfortable having public. If the Court grants the order, you may be eligible to obtain a confidential address through the Attorney General's Address Confidentiality Program (ACP). Email the ACP at: confidential@atg.state.in.us to get information on how to participate in that program.

7. The Respondent has committed the following act(s) of domestic or family violence, stalking, sex offense, sex grooming, or harassment (*check those which apply*):

- ☐ the Respondent attempted to cause physical harm to the child who needs protection;
- ☐ the Respondent threatened to cause physical harm to the child who needs protection;
- ☐ the Respondent did cause physical harm to the child who needs protection;
- ☐ the Respondent placed the child who needs protection in fear of physical harm;
- ☐ the Respondent caused the child who needs protection to involuntarily engage in sexual activity by force, threat of force, or duress;
- ☐ the Respondent committed stalking against the child who needs protection;
- ☐ the Respondent committed a sex offense against the child who needs protection.
- ☐ the Respondent committed an act of animal cruelty by beating, torturing, mutilating, or killing a vertebrate animal without justification with an intent to threaten, intimidate, coerce, harass or terrorize a family or household member.
- ☐ the Respondent has engaged in a course of conduct involving repeated or continuing contact with a child that is intended to prepare or condition a child for sexual activity (as defined in Ind. Code § 35-42-4-13).
- ☐ the Respondent committed repeated acts of harassment against the child.

8. Describe what happened in each of the above incidents including the date(s), place(s) and witnesses to each incident (*attach additional sheets of paper if necessary*):

Date of Incident #1: _____

Place of Incident: _____

Description of Incident: _____

List the names of all of the people who were present during the incident. You must include your own name if you were present:

Date of Incident #2: _____

Place of Incident: _____

Description of Incident: _____

List the names of all of the people who were present during the incident. You must include your own name if you were present:

Date of Incident #3: _____

Place of Incident: _____

Description of Incident: _____

List the names of all of the people who were present during the incident. You must include your own name if you were present:

_____ Continued on Attachment 8a.

9. I am asking the Court to order the following relief (*check all which apply*):

NOTE: The following requested relief may be granted immediately by the Judge without a hearing. However, if the petition is based on harassment alone, the relief may be granted ONLY after notice to the Respondent and after a hearing to be held within thirty (30) days.

____ Prohibit the Respondent from committing, or threatening to commit, acts of domestic or family violence, stalking, sex offenses against the child, or a course of conduct involving repeated or continuing contact with the child that is intended to prepare or condition the child for sexual activity and who needs protection;

____ Prohibit the Respondent from committing, or threatening to commit, acts of domestic or family violence, stalking, or sex offenses against the family or household members of the child who needs protection. Their names are:

_____;

____ Prohibit a Respondent from using a tracking device (as defined in Ind. Code § 35-31.5-2-337.5) to determine the location of: (a) the Petitioner or property owned by the Petitioner; and (b) any other family or household member or property owned or used by the family or household member.

____ Prohibit the Respondent from harassing, annoying, telephoning, contacting, or directly or indirectly communicating with the child who needs protection;

____ Order the Respondent to stay away from the child's residence, school, place of employment, or other place, which is the _____, located at: _____;

____ Order the Respondent to stay away from the following location(s) frequented by the family or household member(s) of the child, which may include a residence, school, or place of employment:

_____;

____ Order that this Order of Protection be effective indefinitely as authorized by I.C. 34-26-5-9, because I was the victim of the sex or violent offense committed by the Respondent as described herein, and for which the Respondent is a sex or violent offender, who is required to register as a lifetime sex or violent offender.

Please complete:

Please list all owners or lease signers at the Child's residence:

_____.

NOTE: The following requested relief may be granted immediately by the Judge, but the Court must hold a hearing within thirty (30) days. If the petition is based on harassment alone, the relief may be granted ONLY after notice to the Respondent and after a hearing to be held within thirty (30) days.

____ Evict the Respondent from the child's residence, which is located at: _____;

____ Order the Respondent to give the child the possession and use of the following:

____ The residence located at: _____;

____ An automobile/other motor vehicle described as: _____;

____ Other necessary personal items, described as: _____

_____;

____ Prohibit Respondent from removing, transferring, injuring, concealing, harming, attacking, mistreating, threatening to harm, or otherwise disposing of the animal(s) listed below.

<u>Example</u>	<u>Name:</u>	<u>Max</u>
	<u>Age/Type:</u>	<u>9 year old dog</u>
	<u>Size/Breed:</u>	<u>Large 55 pound black lab</u>
	<u>Description:</u>	<u>Black hair, pink collar</u>

Animal 1	Name:	_____
	Age/Type:	_____
	Size/Breed:	_____
	Description:	_____

Animal 2	Name:	_____
	Age/Type:	_____
	Size/Breed:	_____
	Description:	_____

Additional animals listed on Attachment 9(a).

____ Order that I will have the exclusive possession, care, custody, or control of an animal(s) owned, possessed, kept, or cared for by myself, the Respondent, a minor child of myself or the Respondent, or any other family or household member listed below.

Animal 1	Name:	_____
	Age/Type:	_____
	Size/Breed:	_____
	Description:	_____

Animal 2	Name:	_____
	Age/Type:	_____
	Size/Breed:	_____
	Description:	_____

Additional animals listed on Attachment 9(a).

____ Order the following additional relief necessary to provide for the child's safety and welfare and the safety and welfare of the child's family or household members:

NOTE: The following requested relief may be granted ONLY after notice to the Respondent and after a hearing to be held within thirty (30) days:

____ Specify the arrangements for parenting time;

____ Require that parenting time be supervised by a third party;

- ___ Deny the Respondent parenting time;
- ___ Order the Respondent to pay the Petitioner's or child's attorney fees;
- ___ Order the Respondent to pay rent for the child's residence;
- ___ Order the Respondent to make payment on a mortgage for the child's residence;
- ___ Order the Respondent to pay support for the child, or for minor child(ren) in common with the child who needs protection;
- ___ Order the Respondent to reimburse the Petitioner and/or the child who needs protection for expenses related to the domestic or family violence, stalking, sex offense, sex grooming or harassment as follows
(specify the amount for each expense and bring documentation of the expense with you to Court for the Hearing):

___ Medical expenses:	\$ _____
___ Counseling:	\$ _____
___ Shelter:	\$ _____
___ Repair or replacement of damaged property:	\$ _____
___ Other costs or fees the Petitioner or child has as a result of bringing this case:	\$ _____

- ___ Prohibit the Respondent from using or possessing a firearm, ammunition, or deadly weapon;
- ___ Order the Respondent to surrender the following firearm(s), ammunition, or deadly weapon(s) to a specified law enforcement agency *(list each item below and attach an additional sheet of paper if necessary):*

 _____;

___ **Continued on Attachment 9b.**

- ___ Order a wireless service provider to transfer to me the right to continued use of, and financial responsibility for, the following telephone number(s) used by a minor child in my custody:

Telephone Number and User:	_____
Wireless Service Provider:	_____
Current Account Holder:	_____

Telephone Number and User:	_____
Wireless Service Provider:	_____
Current Account Holder:	_____

Additional telephone numbers listed on Attachment 9(c)

NOTE: A wireless service provider's normal requirements for setting up a new cellular telephone account still apply. You should consider whether

you will be able to set up an account in your own name and whether you will be able to pay for the account.

10. Number of pages attached: _____

By filing this Petition, I am respectfully requesting that the Court immediately issue an Ex Parte Order for Protection. I understand that, if I have asked for relief from the Court regarding any of the following:

- evicting the Respondent from the child's home;
- giving the child the possession of personal property;
- giving me possession of an animal;
- prohibiting Respondent from taking action against an animal;
- establishing rules for child parenting time;
- requiring the Respondent to pay fees, expenses, or child support;
- forbidding the Respondent from possessing a firearm, ammunition, or a deadly weapon;
- ordering the Respondent to surrender firearm(s), ammunition, or deadly weapons; or
- allowing me or a child in my custody to continue to use a telephone number that I will be financially responsible for;

I must also ask the Court to set a date for a Hearing within thirty (30) days of today's date.

I understand that if the petition is based on harassment alone, the Court may grant relief ONLY after notice to the Respondent and after a hearing to be held within thirty (30) days.

I understand that if a Hearing is set, and if I fail to appear for the Hearing, the Court may terminate the Ex Parte Order and/or dismiss the case.

I affirm, under the penalties for perjury, that the foregoing representations are true:

- a. on the basis of my own personal knowledge.
- b. on the basis that I have been informed and believe that the facts stated are true. *(NOTE: If this Petition is made solely on the basis of Petitioner's information and belief, Petitioner must attach affidavits by one or more persons who have personal knowledge of the facts stated.)*

DATE: _____

PETITIONER - Type or print name of child

Signature of child's next friend

CASE IDENTIFICATION INFORMATION FOR CONFIDENTIAL FORM

For use by Court, Clerk, Prosecuting Attorney, and Law Enforcement Personnel ONLY

OFFICE OF JUDICIAL ADMINISTRATION

STATE OF INDIANA)

COUNTY OF _____)

COURT: ☐ Superior, Room #: _____

(check one) ☐ Circuit

CASE #: _____ - _____ - _____ - _____

PETITIONER/PLAINTIFF/NEXTFRIEND/STATE OF INDIANA

v.

DATE: _____

RESPONDENT/DEFENDANT

mm/dd/yyyy

EMPLOYEE (IF WVRO)

PERSON RESTRAINED

Name:

Home: (____) _____

Work: (____) _____

Home address:

Cell: (____) _____

Email: _____

Postal address (if different from home address):

Location of place of business or where person is usually or often found:

Sex: ☐ male ☐ female

DOB:

Describe nature and location of any scars or tattoos:

Any scars or tattoos? ☐ Yes ☐ No

Race:

Hair color:

Eye Color:

Height:

Weight:

List the name(s), age, race, and sex of any person(s) residing at the household of the protected person who are **NOT PROTECTED** parties. Protected parties are listed on the Confidential Form which follows. Attach an additional sheet of paper if necessary.

Name:

Age:

Race:

Sex: ☐ Male ☐ Female

Name:

Age:

Race:

Sex: ☐ Male ☐ Female

Name:

Age:

Race:

Sex: ☐ Male ☐ Female

Name:

Age:

Race:

Sex: ☐ Male ☐ Female

Name:

Age:

Race:

Sex: ☐ Male ☐ Female

Name:

Age:

Race:

Sex: ☐ Male ☐ Female

CONFIDENTIAL FORM

Note: The following information is confidential under Indiana law pursuant to Indiana Code § 5-2-9-7, and it may not be released.

PETITIONER

Home address: _____

DOB: _____

Race: _____

Sex: ☐ male ☐ female

SSN: (optional) _____

Home: (____) _____

Work: (____) _____

Fax: (____) _____

Cell: (____) _____

Email: _____

PROTECTION ORDERS ONLY:

Do you wish to receive notifications when the order is issued, served, and about to expire? ☐ Yes ☐ No

Method: ☐ Email ☐ Text

You must provide data in the proper fields above to match the Method of notification chosen. See Notification Information at the bottom of this form.

Postal address (if different from home address): _____

When can protected person be reached at the above numbers or any alternative numbers?

Other protected address: _____

List the cities/counties where the protected person would like a copy of the order sent:

Address from confidentiality program of Attorney General: _____

OTHER PROTECTED PARTIES

Name: _____

Age: _____

Date of Birth: _____

Sex: ☐ Male ☐ Female

Race: _____

Name: _____

Age: _____

Date of Birth: _____

Sex: ☐ Male ☐ Female

Race: _____

Name: _____

Age: _____

Date of Birth: _____

Sex: ☐ Male ☐ Female

Race: _____

Attach an additional sheet of paper if necessary to list additional protected parties.

PERSON RESTRAINED

SSN: _____

The "Confidential Form" portion of this form must be on green paper according to Admin. Rule 9

Notification Information

- The user will incur standard text-messaging fees for any messages received.
- The user is responsible to notify the Clerk's office of any changes to their contact information which may include their cell phone number and email address.
- The Indiana Supreme Court's Office of Judicial Administration may not be held liable for the failure of the receipt of a notification.
- The notifications sent to users are a service being provided by the Indiana Supreme Court's Office of Judicial Administration.