

Judge Time	_____	_____
	Hours	Minutes



CIRCUIT COURT DISTRICT COURT OF MARYLAND FOR _____
City/County

Located at _____ Court Address Case No. _____

(NOTE: Fill in the following, checking the appropriate boxes. Petitioners **need not give an address** if doing so risks further abuse or reveals the confidential address of a shelter. If this is the case, check here If you need additional paper, ask the clerk.)

Petitioner _____		VS.	Respondent _____	
Street Address, Apt. No. _____		Home: _____	Street Address, Apt. No. _____	
City, State, Zip Code _____		Work: _____	Home: _____	
Telephone Number(s) _____		City, State, Zip Code _____	Work: _____	
		Telephone Number(s) _____	Telephone Number(s) _____	

PETITION FOR PROTECTION FROM

DOMESTIC VIOLENCE CHILD ABUSE VULNERABLE ADULT ABUSE

1. I want relief for myself minor child vulnerable adult, from abuse by _____

The Respondent committed the following acts of abuse against _____

on or about, _____ Date (check all that apply.) kicking punching choking/strangling

slapping shooting rape or other sexual offense (or attempt) hitting with object stabbing

shoving threats of violence mental injury of a child detaining against will stalking biting

other _____

The details of what happened are: (Describe injuries. State when and where these acts occurred. Be as specific as you can.): _____

2. (If the victim is a child or vulnerable adult, fill in the following): I am asking for protection for a child

vulnerable adult whose name is _____

At this time the victim can be found at _____

I am State's Attorney DSS a relative an adult living in the home.

3. The person(s) I want protected are (include yourself if you are a victim):

Names(s)	Birthdate	Relationship to Respondent
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Case No. _____

..... vs.
Petitioner Respondent

4. the person(s) I want protected now lives, or has lived, with the Respondent for the following period of time during the past year: _____

There are are not additional persons living in the home.

5. I know of the following court cases involving me, or the person I want protected, and the Respondent. (Examples include: paternity, child support, divorce, custody, domestic violence, juvenile cases, criminal cases)

Court	Kind of Case	Year Filed	Result or Status (if you know)
.....
.....
.....

6. I have received a final protective order against the same respondent that expired within one (1) year of the abuse alleged in this petition, and which was issued for a period of at least six (6) months.

Date issued _____ Date expired _____

Location where issued _____

7. Describe all past injuries the Respondent has caused the victim, and give date, if known _____
City/County/State

8. The Respondent owns or has access to the following firearms: _____

9. I want the court to order the Respondent: (NOTE: Petitioner need not give an address if doing so risks further abuse.)

NOT to abuse or threaten to abuse _____
Name(s)

NOT to contact, attempt to contact, harass _____
Name(s)

NOT to go to the residence(s) at _____
Address

NOT to go to the school(s) at _____
Name of school and address

NOT to go to the child care provider(s) _____
Name of child care provider and address

NOT to go to the work place(s) at _____
Name(s)

Case No. _____

Petitioner VS. Respondent

To leave the home at _____
Address

and give possession of the home to _____

The name(s) on the deed or lease are: _____

To turn over firearm(s) to a law enforcement agency.

To go to counseling domestic violence drug/alcohol other

To pay money as Emergency Family Maintenance (*may be taken from Respondent's paycheck*).

10. I also want the Court to order:

Custody of _____
Children's names

be granted to _____
Name

Use and possession of the following jointly-owned vehicle be granted to _____
Name

_____ Description of vehicle

Temporary possession of the pet(s) _____
Name and Description

be granted to _____
Name

11. (*Fill in only if you are seeking Emergency Family Maintenance.*) The **Respondent** has the following financial resources:

Income from employment in the amount of \$ _____ every week 2 weeks month

other _____

Source of employment income _____
Name and address of source and amount(s) received

Income from other source _____
Name and address of source and amount(s) received

The **Respondent** also owns the following property of value: Automobile(s) \$ _____
Estimated Value

Home \$ _____ Bank Account(s) \$ _____
Estimated Value Estimated Value

Other: _____
Estimated Value

I solemnly affirm under the penalties of perjury that the contents of the foregoing Petition are true to the best of my knowledge, information and belief.

Date Petitioner

I have filled in the Addendum (Description of Respondent), CC-DC/DV 1A

NOTE

If you believe that you have been a victim of abuse and that there is a danger of serious and immediate injury to you, you may request the assistance of a police officer or local law enforcement agency.

The law enforcement officer must protect you from harm when responding to your request for assistance and may, if you ask, accompany you to the family home so that you may remove clothing and medicine, medical devices, and other personal effects required for you and your children, regardless of who paid for them.

You are entitled to request that address and telephone number of a victim, a complainant, or a witness be considered for shielding at the filing of this application.

NOTICE: Remote access to the name, address, telephone number, date of birth, e-mail address, and place of employment of a victim or non-party witness is blocked. (Md Rule 16-1008(a)(3)(B))