



☐ CIRCUIT COURT ☐ DISTRICT COURT OF MARYLAND FOR

City/County

Located at

Court Address

Telephone

Case No.

**NOTE: Respondent will be served a copy of this completed document. Petitioner does not need to give an address if doing so risks further harm, further abuse, or reveals the confidential address of a shelter. If this the case check here ☐.**

**If you need additional paper, ask the clerk.**

Fill in the following, checking the appropriate boxes.

vs.

Petitioner

Respondent

Address

Address

City, State, Zip

City, State, Zip

Home Telephone No.

Work Telephone No.

Home Telephone No.

Work Telephone No.

☐ Petition filed electronically under FL § 4-505.1

**PETITION FOR PROTECTION FROM**

☐ **DOMESTIC VIOLENCE** ☐ **CHILD ABUSE** ☐ **VULNERABLE ADULT ABUSE**  
**(Family Law § 4-504)**

1. I am ☐ the current or former spouse of the respondent; ☐ a cohabitant of the respondent; ☐ a person related to the respondent by blood, marriage, or adoption; ☐ a parent, stepparent, child, or stepchild of the respondent or the person eligible for relief who resides or resided with the respondent or person eligible for relief for at least 90 days within one (1) year before the filing of the petition; ☐ a vulnerable adult; ☐ an individual who has a child in common with the respondent; ☐ an individual who has had a sexual relationship with the respondent within one (1) year before the filing of the petition; or ☐ an individual who alleges that within six (6) months before the filing of the petition the respondent committed rape or a sexual offense or attempted rape or sexual offense against the individual.

2. I want relief for ☐ myself ☐ minor child ☐ vulnerable adult, from abuse by \_\_\_\_\_ .  
Name of alleged abuser

The respondent, whose present whereabouts (if known) are \_\_\_\_\_ ,  
committed the following acts of abuse against \_\_\_\_\_

on or about, \_\_\_\_\_ (check all that apply) ☐ kicking ☐ punching ☐ choking/strangling  
Date  
☐ 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 ☐ revenge porn  
☐ other \_\_\_\_\_

The details of what happened are: \_\_\_\_\_  
(Give specific details of what happened, when and where it happened, and any injuries sustained)

3. (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.

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

Name(s)

Birthdate

Relationship to Respondent

Petitioner

Case No. \_\_\_\_\_

vs. \_\_\_\_\_

Respondent

5. ☐ A ~~previous~~ military order of protection was issued against the respondent for the same or similar conduct ~~on behalf of against this petitioner/petitioner's employee/ the person eligible for relief. against this respondent for the same or similar conduct.~~

The order was issued on \_\_\_\_\_, and was effective from \_\_\_\_\_ to \_\_\_\_\_.  
Date

56. 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.

67. 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)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

78. 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 \_\_\_\_\_  
City/County/State

89. Describe all past injuries the respondent has caused the victim, and give date, if known \_\_\_\_\_

910. The respondent owns or has access to the following firearms: \_\_\_\_\_

1011. 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, or 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 for ☐ domestic violence ☐ drug/alcohol ☐ other

☐ to pay money as Emergency Family Maintenance (*may be taken from respondent's paycheck*).

**12.12.** I also want the court to order:

☐ custody of \_\_\_\_\_  
Name(s) of child(ren)

be granted to \_\_\_\_\_  
Name

☐ use and possession of the following jointly-owned vehicle be awarded to \_\_\_\_\_  
Name

\_\_\_\_\_  
Description of vehicle

☐ temporary possession of the pet(s) \_\_\_\_\_  
Name and description

be awarded to \_\_\_\_\_  
Name

☐ in the final order, the following additional relief necessary to protect \_\_\_\_\_  
Person eligible for relief

from abuse: \_\_\_\_\_

**12.13.** (*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 \$ \_\_\_\_\_

Estimated value

Bank Account(s) \$ \_\_\_\_\_

Estimated value

Other: \_\_\_\_\_

I solemnly affirm under the penalties of perjury that the contents of this document 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-001A**

#### 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 the address and telephone number of a victim, a complainant, or a witness be considered for shielding at the filing of this application.

**NOTICE TO CUSTODIAN:** A person who places in a judicial record identifying information relating to a witness shall give the custodian written or electronic notice that such information is included in the record, where in the record that information is contained, and whether that information is not subject to remote access under this Rule, Rule 1-322.1, Rule 20-201, or other applicable law. Except as federal law may otherwise provide, in the absence of such notice a custodian is not liable for allowing remote access to the information.