

# MEMO

## TO PROTECTION ORDER APPLICANTS

**1. On your Petition listing the incidents, do NOT merely refer the Court to to an attached police report, i.e.**

**2. 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:

\_\_\_\_\_  
See Attached Police Report

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

\_\_\_\_\_  
Your Petition will be denied if you do not write out a detailed incident with applicable dates, location, and witnesses.

**3. List ALL court cases which may affect the Order for Protection, including divorces/dissolutions, juvenile cases, paternity cases, small claims cases, criminal cases, and OTHER CURRENT OR PAST PROTECTION ORDER CASES, as follows:**

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

Case Name Case Number County & State

\_\_\_\_\_  
\_\_\_\_\_

Cover Sheet for Protection Order, No Contact Order, Child Protective Order, Workplace Violence Restraining Order

**COVER SHEET (Check Only One)**

**Protection Order**  
 IC 34-26-5

**Child Protective Order**  
 IC 31-34-2.3

**No Contact Order**  
 IC 31-32-13     IC 33-39-1-8     IC 35-33-8-3.6  
 IC 31-34     IC 35-33-8-3.2     IC 35-38-1-30  
 IC 31-37    and/or 35-38-2-2.3

**Workplace Violence Restraining Order**  
 IC 34-26-6

Case No.

Court

County INDIANA

**PETITIONER/PROTECTED PERSON/CHILD'S NAME IF CHILD IS PROTECTED PERSON**

<input type="text"/>	<input type="text"/>	<input type="text"/>
First	Middle	Last

And/or on behalf of minor family member(s): [List name, Sex, Race & Birth Year]

V.

**PETITIONER/PROTECTED PERSON IDENTIFIERS**

BIRTH YEAR	SEX	RACE
<input type="text"/>	<input type="text"/>	<input type="text"/>

Other Protected Persons/Birth Year/Sex/Race:

**RESPONDENT/DEFENDANT**

<input type="text"/>	<input type="text"/>	<input type="text"/>
First	Middle	Last

Relationship between Petitioner/Protected Person: \_\_\_\_\_

Respondent's/Defendant's Address: \_\_\_\_\_

**RESPONDENT/DEFENDANT IDENTIFIERS**

SEX	RACE	DOB	HT	WT
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
EYES	HAIR	DISTINGUISHING FEATURES		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
DRIVERS LICENSE #		STATE	EXP DATE	
<input type="text"/>		<input type="text"/>	<input type="text"/>	

**CAUTION:**     Weapon Involved     Weapon Present on the property

**THE COURT FINDS:**

That it has jurisdiction over the parties and subject matter, and the Respondent/Defendant has been or will be provided with reasonable notice and opportunity to be heard.

Additional findings of this order follow on succeeding pages.

**THE COURT ORDERS:**

The Respondent/Defendant is restrained from committing further acts of abuse or threats of abuse to the Petitioner/Protected Person.

\_\_\_ Yes \_\_\_ No The Respondent/Defendant is Brady disqualified.

\_\_\_ The Respondent/Defendant is restrained from any contact with the Petitioner. OR \_\_\_ The Respondent may only contact the Petitioner in the conditions in paragraph (s) \_\_\_ of the order.

Additional terms of this order follow on succeeding pages.

The terms of this order shall be effective until: (Check Only One)

\_\_\_\_\_ [date]

further order of the court.

**WARNINGS TO RESPONDENT/DEFENDANT:**

This order shall be enforced, even without registration, by the courts and law enforcement personnel of any state, the District of Columbia, any U.S. Territory, and may be enforced by Indian Tribal Government (18 U.S.C. Section 2265). Crossing state, territorial, or tribal boundaries to violate this order may result in Federal imprisonment (18 U.S.C. Section 2262).

Federal law provides penalties for possessing, transporting, shipping, or receiving any firearm or ammunition (18 U.S.C. Section 922(g)(8)).

Only the Court can change this order. [The following court information is required by statute.]

Court Phone ( )    Court Hours:  
 To verify status, call: Clerk ( )    Sheriff ( )

STATE OF INDIANA )  
COUNTY OF \_\_\_\_\_ ) SS:

IN THE \_\_\_\_\_ COURT \_\_\_\_\_  
( \_\_\_\_\_ DIVISION, ROOM \_\_\_\_\_ )

\_\_\_\_\_) )  
Petitioner )  
vs. )

CASE NO: \_\_\_\_\_

\_\_\_\_\_) )  
Respondent )

**SUPPLEMENT TO COVER SHEET  
PROTECTION ORDER**

**PROTECTED PERSONS**

FIRST	MIDDLE	LAST	BIRTH YEAR	SEX	RACE

FIRST	MIDDLE	LAST	BIRTH YEAR	SEX	RACE

FIRST	MIDDLE	LAST	BIRTH YEAR	SEX	RACE

FIRST	MIDDLE	LAST	BIRTH YEAR	SEX	RACE

FIRST	MIDDLE	LAST	BIRTH YEAR	SEX	RACE

FIRST	MIDDLE	LAST	BIRTH YEAR	SEX	RACE

FIRST	MIDDLE	LAST	BIRTH YEAR	SEX	RACE

STATE OF INDIANA )  
 ) SS:  
COUNTY OF \_\_\_\_\_ )

IN THE \_\_\_\_\_ COURT \_\_\_\_\_  
( \_\_\_\_\_ DIVISION, ROOM \_\_\_\_\_ )

CASE NO. \_\_\_\_\_

\_\_\_\_\_, )  
Petitioner (Your Name) )  
vs. )  
\_\_\_\_\_, )  
Respondent (Person to be Restrained) )

**PETITION FOR AN ORDER FOR PROTECTION AND REQUEST FOR A  
HEARING—Filed by Person Seeking Protection**

**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. I am filing this Petition for myself:**

- a. I am or have been a victim of domestic or family violence;
- b. I am or have been a victim of a sex offense;
- c. I am or have been a victim of stalking;
- d. I am or have been a victim of repeated acts of harassment.

**2. The Respondent's relationship to me is:**

- a. the Respondent is my family or household member (*check only the line which best applies*):
  - the Respondent is my spouse;
  - the Respondent used to be my spouse;
  - the Respondent and I resided together in an intimate relationship;
  - the Respondent and I have a child in common;
  - the Respondent and I are dating, or have dated, each other;
  - the Respondent and I are, or have been, engaged in a sexual relationship;
  - the Respondent and I are related by blood or adoption. The Respondent is my \_\_\_\_\_;
  - the Respondent and I are, or used to be, related by marriage. The Respondent is my \_\_\_\_\_;
  - the Respondent is, or used to be, my guardian;
  - the Respondent is, or used to be, my ward;
  - the Respondent is, or used to be, my custodian;
  - the Respondent is, or used to be, my foster parent; or,
  - I am a minor child of a person in one of the types of relationships described above.

- I have adopted the child of the respondent.
- b.  the Respondent has committed stalking against me.
- c.  the Respondent has committed a sex offense against me.
- d.  the Respondent has committed repeated acts of harassment against me.

3. How old is the Respondent? \_\_\_\_\_ years old.

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

Case Name	Case Number	County & State

Continued on Attachment 4a.

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, or harassment happened in this county.
- c. I live 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. The address you place on the Confidential Form, PO-0104 will be kept confidential. 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](mailto: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, or harassment (*check those which apply*):

- the Respondent attempted to cause physical harm to me;
- the Respondent threatened to cause physical harm to me;
- the Respondent did cause physical harm to me;
- the Respondent placed me in fear of physical harm;
- the Respondent caused me to involuntarily engage in sexual activity by force, threat of force, or duress;
- the Respondent committed stalking against me;
- the Respondent committed a sex offense against me;

\_\_\_ 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 committed repeated acts of harassment against me.

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, or sex offenses against me;

\_\_\_ Prohibit the Respondent from committing, or threatening to commit, acts of domestic or family violence, stalking, or sex offenses against my family or household members, whose names are:

\_\_\_\_\_;

\_\_\_ Prohibit the Respondent from harassing, annoying, telephoning, contacting, or directly or indirectly communicating with me;

\_\_\_ Order the Respondent to stay away from my 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 my family or household member(s), which may include a residence, school, or place of employment: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_.

**Please complete:**

Please list all owners or lease signers at my 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 my residence, which is located at:

\_\_\_\_\_;

\_\_\_ Order the Respondent to give me 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.

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

**Animal 1**      Name: \_\_\_\_\_  
                     Age/Type: \_\_\_\_\_  
                     Size/Breed: \_\_\_\_\_  
                     Color/Description: \_\_\_\_\_

**Animal 2**      Name: \_\_\_\_\_  
                     Age/Type: \_\_\_\_\_  
                     Size/Breed: \_\_\_\_\_  
                     Color/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: \_\_\_\_\_  
                     Color/Description: \_\_\_\_\_

**Animal 2**      Name: \_\_\_\_\_  
                     Age/Type: \_\_\_\_\_  
                     Size/Breed: \_\_\_\_\_  
                     Color/Description: \_\_\_\_\_

**Additional animals listed on Attachment 9(a).**

\_\_\_ Order the following additional relief necessary to provide for my safety and welfare and the safety and welfare of my 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 with our minor child(ren);
- \_\_\_ Require that parenting time be supervised by a third party;
- \_\_\_ Deny the Respondent parenting time;



- Order the Respondent to pay my attorney fees;
- Order the Respondent to pay rent for my residence;
- Order the Respondent to make payment on a mortgage for my residence;
- Order the Respondent to pay child support for our minor child(ren);
- Order the Respondent to pay support/maintenance for me;
- Order the Respondent to reimburse me for expenses related to the domestic or family violence, stalking, sex offense, 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 I have 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 9(b).**

- 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 me or 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 the Court for any of the following:

- evicting the Respondent from my/our home;
- giving me 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 to continue to use a telephone number for which I will be financially responsible;

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 my 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 (Signature)

\_\_\_\_\_  
PETITIONER (Type or print name)

# 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 _____ )  _____ PETITIONER/PLAINTIFF/NEXT FRIEND/STATE OF INDIANA v. _____ RESPONDENT/DEFENDANT  _____ EMPLOYEE (IF WVRO)	COURT: <input type="checkbox"/> Superior, Room #: _____ (check one) <input type="checkbox"/> Circuit  CASE #: _____ - _____ - _____  DATE: _____ mm/dd/yyyy
---	---

### 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: <input type="checkbox"/> male <input type="checkbox"/> female				
DOB:	Describe nature and location of any scars or tattoos:			
Any scars or tattoos? <input type="checkbox"/> Yes <input type="checkbox"/> 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:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
	Race:	
Name:	Age:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
	Race:	
Name:	Age:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
	Race:	
Name:	Age:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
	Race:	
Name:	Age:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
	Race:	

## 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.

**Form Administrative Rule 9-G1**

STATE OF INDIANA  
IN THE \_\_\_\_\_ COURT, COUNTY OF \_\_\_\_\_

\_\_\_\_\_, )  
Plaintiff(s), )  
 ) Case No: \_\_\_\_\_  
vs. )  
 )  
\_\_\_\_\_, )  
Defendant(s) )

**Administrative Rule 9(G)(5) Notice of Exclusion  
of Confidential Information from Public Access  
(FILED WITH TRIAL COURT CLERK)**

Contemporaneous with the filing of this notice, \_\_\_\_\_ has filed confidential information on green paper in accordance with Administrative Rule 9(G)(6). Pursuant to Administrative Rule 9(G)(5), \_\_\_\_\_, provides this notice that the confidential information contained on that green paper is to remain excluded from public access in accordance with the authority listed below:

<u>Name or description of document filed on green paper.</u>	<u>Administrative Rule 9(G) grounds upon which exclusion is authorized.</u>
PO-0104, Confidential Form	1. Admin. R. 9 (G) (2) (g) (i) 2. Admin. R. 9 (G) (3) (b) 3. Ind. Code 5-2-9-5.5 (c) 4. Ind. Code 5-2-9-6 5. Ind. Code 5-2-9-7 6. Ind. Code 31-37-19-2 (2) 7. Ind. Code 33-39-1-8 (i) (2) 8. Ind. Code 34-26-5-3 (a) (C) 9. Ind. Code 34-26-6-13 10. Ind. Code 35-33-8-3.2 (f) (2) 11. Ind. Code 35-38-2-2.3 (f) (2)

Respectfully submitted,

\_\_\_\_\_  
[Insert Name]

CERTIFICATE OF SERVICE

I certify that on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, the foregoing was served upon the following by [state method of service]:

[list names and addresses of counsel of record]

\_\_\_\_\_  
[Signature]

STATE OF INDIANA ) IN THE \_\_\_\_\_ COURT  
 ) SS:  
COUNTY OF \_\_\_\_\_ ) Case Number:  
 (To be supplied by Clerk when case is filed)

(Caption)

### APPEARANCE BY ATTORNEY IN CIVIL CASE

This Appearance Form must be filed on behalf of every party in a civil case.

1. The party on whose behalf this form is being filed is:  
Initiating \_\_\_\_\_ Responding \_\_\_\_\_ Intervening \_\_\_\_\_; and

the undersigned attorney and all attorneys listed on this form now appear in this case for the following parties:

Name of party \_\_\_\_\_

Address of party (see Question # 6 below if this case involves a protection from abuse order, a workplace violence restraining order, or a no-contact order)

\_\_\_\_\_  
\_\_\_\_\_

Telephone # of party \_\_\_\_\_

FAX: \_\_\_\_\_

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

(List on a continuation page additional parties this attorney represents in this case.)

2. Attorney information for service as required by Trial Rule 5(B)(2)

Name: \_\_\_\_\_ Atty Number: \_\_\_\_\_

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

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

FAX: \_\_\_\_\_

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

(List on continuation page additional attorneys appearing for above party)

3. This is a \_\_\_\_\_ case type as defined in administrative Rule 8(B)(3).

4. I will accept service from other parties by:

FAX at the above noted number: Yes \_\_\_ No \_\_\_

Email at the above noted number: Yes \_\_\_ No \_\_\_

5. This case involves child support issues. Yes \_\_\_ No \_\_\_ (If yes, supply social security numbers for all family members on a separately attached document filed as confidential information on light green paper. Use Form TCM-TR3.1-4.)

6. This case involves a protection from abuse order, a workplace violence restraining order, or a no - contact order. Yes \_\_\_ No \_\_\_ (If Yes, the initiating party must provide an address for the purpose of legal service but that address should not be one that exposes the whereabouts of a petitioner.) The party shall use the following address for purposes of legal service:

\_\_\_\_\_ Attorney's address

\_\_\_\_\_ The Attorney General Confidentiality program address

(contact the Attorney General at 1-800-321-1907 or e-mail address is confidential@atg.in.gov).

\_\_\_\_\_ Another address (provide)

7. This case involves a petition for involuntary commitment. Yes \_\_\_ No \_\_\_

8. If Yes above, provide the following regarding the individual subject to the petition for involuntary commitment:

a. Name of the individual subject to the petition for involuntary commitment if it is not already provided in #1 above: \_\_\_\_\_

b. State of Residence of person subject to petition: \_\_\_\_\_

c. At least one of the following pieces of identifying information:

(i) Date of Birth \_\_\_\_\_

(ii) Driver's License Number \_\_\_\_\_

State where issued \_\_\_\_\_ Expiration date \_\_\_\_\_

(iii) State ID number \_\_\_\_\_

State where issued \_\_\_\_\_ Expiration date \_\_\_\_\_

(iv) FBI number \_\_\_\_\_



(v) Indiana Department of Corrections Number \_\_\_\_\_  
(vi) Social Security Number is available and is being provided in an attached  
confidential document Yes \_\_\_\_\_ No \_\_\_\_\_

9. There are related cases: Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, list on continuation page.)

10. Additional information required by local rule:

11. There are other party members: Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, list on continuation page.)

12. This form has been served on all other parties and Certificate of Service is attached:  
Yes \_\_\_\_\_ No \_\_\_\_\_

Attorney-at-Law

(Attorney information shown above.)

STATE OF INDIANA )  
 ) SS: IN THE \_\_\_\_\_ COURT  
 ) ( \_\_\_\_\_ DIVISION, ROOM \_\_\_\_\_ )  
 COUNTY OF \_\_\_\_\_ )  
 \_\_\_\_\_ )  
 Petitioner )  
 vs. ) CASE NO. \_\_\_\_\_  
 \_\_\_\_\_ )  
 Respondent )

**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: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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: \_\_\_\_\_

Recommended for approval by, if applicable:

\_\_\_\_\_, COMMISSIONER/REFEREE

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;
- AWARDED CHILD SUPPORT; AND,
- PROHIBITING POSSESSION OF FIREARMS, AMMUNITION, OR DEADLY WEAPONS.