

## FORM 10.01-O: HOW TO COMPLETE A PETITION FOR A DATING VIOLENCE CIVIL PROTECTION ORDER

These instructions will help you to prepare the Petition for Dating Violence Civil Protection Order. Only the domestic relations division of the Court in your county hears a Petition for Dating Violence Civil Protection Order. **Throughout the Petition, you (the party to be protected) are called *Petitioner* and the person you are filing this Petition against (the alleged domestic violence offender) is called *Respondent*.**

### SOME HINTS BEFORE YOU BEGIN

- All forms must be typed or printed.
- When you write your name on the Petition, use the same name you use when you write your signature.
- Write your name and the Respondent's name the same way throughout the Petition.
- Fill out the Petition as completely and accurately as possible.
- If you have any questions about completing the Petition, contact your local victim assistance program, domestic violence program, or the Ohio Domestic Violence Network at 800-934-9840.

### FILLING OUT THE PETITION: Mark each instruction below after you read and complete it

- On the front page, leave the “Case No.” line and “Judge/Magistrate” lines BLANK.** The Clerk of Court’s office fills in this information.
- On the top left-hand side of the front page, fill in the requested information about yourself.** If you do not want your present address to be known, write “confidential” in the space for your address. Do not write your address anywhere on the Petition if you want it to be confidential. However, you must provide another mailing address where you can safely receive notices from the Court.
- On the top left-hand side of the front page, fill in the requested information about the Respondent as best you can.** You may use the Respondent’s work address if you do not know Respondent’s home address. If you do not know the Respondent’s date of birth, leave that line blank. Do not attempt to obtain this information unless it is safe to do so.
- Check the box requesting an interpreter** if you are not proficient in English, or need sign language interpreting.
- Paragraph 1:** Check whether you want an ex parte emergency protection order.
- Paragraph 2:** If you are filing the Petition to protect yourself, make sure that you meet all of the requirements for a DVCPD. If so, mark this box.
- Paragraph 3:** If you are filing the Petition on behalf of a family or household member, and the family or household member meets the requirements, mark this box
- Paragraph 9:** In your own words, describe the relationship with Respondent, using the bulleted points as a guide.
- Paragraph 10:** In your own words, State the Respondent’s actions, and the date(s) of the incident(s) that caused you to file the Petition. Provide a brief description of what happened. You may attach additional pages if you need more room to complete your description. You may attach an affidavit instead of or in addition to the written description.
- Paragraph 11:** In your own words, complete sections a) through j), listing Respondent’s history and actions, if any of the sections apply.
- Paragraph 12:** Indicate what action you want the Court to take by marking the boxes next to the lettered paragraphs that apply to your situation.

- Paragraph 16:** List ALL present and pertinent past court cases or investigations that involve the Respondent, you, or a family or household member. This includes all civil, criminal, divorce, juvenile, custody, visitation, and bankruptcy cases that may have a bearing on your or your family or household members' safety. Write the case name, the court, the case number, if known, the type of case, and the result of the case. If the case is not over, write "pending." You may attach additional pages if you need more room.

### SIGNING THE PETITION

Try to fill out the Petition before you go to the courthouse. **AFTER YOU HAVE FILLED OUT THE PETITION, TAKE THE PETITION TO A NOTARY PUBLIC TO HAVE YOUR SIGNATURE NOTARIZED. DO NOT SIGN THE PETITION UNLESS YOU ARE IN FRONT OF A NOTARY PUBLIC. An employee of the Clerk of Court's office may be available to notarize the petition for you.**

### FILING THE PETITION

After you have your signature notarized, file your Petition at the Clerk of Court's office. The Clerk of Court's office will tell you when and where your *ex parte* hearing will take place, if one has been requested.

### FEES

You **cannot** be charged any costs or fees for filing, issuing, registering, modifying, enforcing, dismissing, withdrawing, serving, or obtaining a protection order.

### DISCOVERY

Unless you have received an order from the Court regarding discovery, you have no obligation to comply with a deposition notice, interrogatories, request for production of documents, physical or mental examination, or request for admissions.

If ordered, the Court will indicate each of the following:

1. The time and place where discovery will be held;
2. The names of persons who can be in the room during discovery, including a victim advocate;
3. The necessary terms and conditions to keep everyone safe, including keeping the Petitioner's address confidential.

Discovery must be completed prior to the full hearing.



**Dove House Protection Shelters**  
**24-Hour Crisis Hotline**  
**1-800-618-6523**  
**NO ONE deserves to be abused.**  
**There is help!**

**24-Hour Protective Shelters**  
**Domestic Violence Education**  
**Court Advocacy**  
**Anger Management**  
**Support Groups**  
**Community Referrals**  
**Educational Programs**

**513-863-7099**

IN THE DOMESTIC RELATIONS COURT  
BUTLER COUNTY, OHIO

Petitioner : Case No. \_\_\_\_\_

On behalf of: (Family or Household Member )

\_\_\_\_\_  
 : Judge/Magistrate \_\_\_\_\_

\_\_\_\_\_  
 : Address (Safe mailing address)

\_\_\_\_\_  
 : City, State, Zip Code

PETITION FOR DATING VIOLENCE CIVIL PROTECTION ORDER (R.C. 3113.31)

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ :  
 :

v. :  
 :

\_\_\_\_\_  
 : Respondent

\_\_\_\_\_  
 : Address (If home address unknown, put work address)

\_\_\_\_\_  
 : City, State, Zip Code

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ :  
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**CHECK ALL BOXES THAT APPLY. IF YOU ARE ASKING FOR YOUR ADDRESS TO BE KEPT CONFIDENTIAL, PLEASE PUT A MAILING ADDRESS WHERE YOU CAN SAFELY RECEIVE MAIL. IF YOU ARE A PARTICIPANT IN THE SECRETARY OF STATE'S ADDRESS CONFIDENTIALITY PROGRAM, PLEASE USE THE P.O. BOX ADDRESS GIVEN TO YOU. THIS FORM IS A PUBLIC RECORD.**

I or a witness need a foreign language interpreter in \_\_\_\_\_  
 or sign language interpreter per Sup.R. 88.

1. I  want  do not want an **ex parte (emergency) protection order** per R.C. 3113.31. I understand the Court will schedule a full hearing trial, no matter if the ex parte protection order is granted, denied, or not requested.

2. I am filing the Petition for me and am in fear of continuing danger.

a. I was 18 years old or older when the violence took place.

b. I am or was in a dating relationship with Respondent within one year before the violence took place.

3. I am filing the Petition for my adult family or household member over whom I have legal guardianship, and my adult family or household member is in fear of continuing danger.

- a. My adult family or household member over whom I have legal guardianship was 18 years old or older when the violence took place.
- b. My adult family or household member is or was in a dating relationship with Respondent within one year before the violence took place.

4. I have listed below all family or household members who need protection other than me or the person for whom I am filing the Petition **(Leave blank if you are not seeking protection for other family or household members.)**

<u>NAME</u>	<u>DATE OF BIRTH</u>	<u>THIS PERSON IS PETITIONER'S</u>

- 5. Respondent committed an act of violence against me or my adult family or household member, for whom I am filing the Petition.
- 6. Respondent was 18 years old or older when the violence took place.
- 7. I or my adult family or household member, for whom I am filing this Petition, have/has or had a romantic or intimate relationship with the Respondent.
- 8. My relationship or the relationship of my adult family or household member, for whom I am filing this Petition, with Respondent was **neither** a casual acquaintanceship **nor** an ordinary business or social relationship.
- 9. Describe the relationship with Respondent. (If you need more space attach another page.) Include:
  - Whether you or your adult family household member developed a special bonding beyond a casual acquaintanceship or an ordinary business or social relationship
  - Length of the relationship with Respondent
  - Nature and frequency of contact with Respondent, including whether you or your adult family or household member, for whom you are filing, had an intimate relationship with Respondent and communications that would show the relationship with Respondent was more than a casual acquaintanceship or an ordinary business or social relationship
  - Expectations about the relationship with Respondent
  - Statements or conduct by Respondent or you or your family or household member that would show to the Court the depth of or commitment to the relationship
  - Any other reason or explanation to show to prove the dating relationship

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10. (1) Describe Respondent's threats or actions that made you afraid. (2) When did it happen (if you do not know exact dates, give approximate dates). (3) Explain why you believe you are in danger? **If you need more space, attach an additional page.**

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11. Tell the Court, **if you know**, about any of the following:
  - a. Respondent's history of domestic violence or history of other violent acts or under court, parole, or probation supervision:

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- b. Respondent's history of mental health problems:

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- c. Respondent's history of violating court orders:

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- d. Respondent's threats to other persons:

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- e. Respondent's access to deadly weapons, firearms, and ammunition, or has a history of using deadly weapons: (**If you know**, tell the Court number, type, and location of weapons, firearms, and ammunition.)

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- f. Respondent's history of abusing alcohol or other drugs:

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Respondent's violence resulted in serious physical injury, forced sex, strangulation (or choking), abuse during pregnancy, abuse of animals, and/or forced entry:

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Recent separation from Respondent or relationship was recently terminated:

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Respondent's obsessive and controlling behaviors, including stalking, spying, following, and/or isolation:

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Respondent's suicidal or homicidal thoughts:

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I further requests that the Court grant relief under R.C. 3113.31 to protect the Petitioner and/or the family or household members named in this Petition from domestic violence by granting a civil protection order that: **(Check all boxes that apply.)**

Directs Respondent to not abuse Petitioner and the family or household members named in this Petition by harming, attempting to harm, threatening, following, stalking, harassing, forcing sexual relations upon them, or by committing sexually oriented offenses against them.

Directs Respondent to not enter, approach, or contact by any means the residence, school, business, and place of employment of Petitioner and the family or household members named in this Petition.

Directs Respondent to not approach or have contact by any means with the Petitioner and the family or household members named in this Petition.

Directs Respondent to not remove, damage, hide, harm, or dispose of any companion animals or pets owned or possessed by Petitioner.

Grants Petitioner permission to take Petitioner's pets or companion animals, as described below, away from the possession of Respondent:

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Directs Respondent to permit Petitioner to have exclusive use of the following motor vehicle:

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Directs Respondent to complete counseling, substance abuse counseling, or other treatment or intervention as determined necessary by the Court.

Directs the wireless service provider to separate Petitioner's account from Respondent's account, per R.C. 3113.45 to 3113.459. Petitioner will assume all financial responsibility for any costs associated with the wireless service number and any costs for the device associated with the wireless service number. The Respondent's billing telephone number is \_\_\_\_\_.

Petitioner's contact information is on page 1 of this Petition. Following is the wireless service numbers to be transferred to the Petitioner which are used by Petitioner or the minor children in the care of the Petitioner:

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

Includes the following additional provisions:

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

Petitioner further requests that the Court issue no mutual protection orders or other orders against Petitioner unless all of the conditions of R.C. 3113.31(E)(4) are met.

Petitioner further requests that if Petitioner has a victim advocate, the Court permit the victim advocate to accompany Petitioner at all stages of these proceedings as required by R.C. 3113.31(M).

Petitioner further requests at the ex parte hearing or full hearing that the Court grant such other relief as the Court considers equitable and fair, including orders or directives to law enforcement.

Petitioner has listed court cases (including children service/CPS case, animal cruelty, sexually oriented offense, no contact order, and protection order) and other legal matters regarding Respondent which may relate to this case :

<u>CASE NAME</u>	<u>CASE NUMBER</u>	<u>COURT/COUNTY</u>	<u>TYPE OF CASE</u>	<u>RESULT OF CASE</u>

I hereby swear or affirm that the answers above are true, complete, and accurate to the best of my knowledge. I understand that falsification of this document may result in a contempt of court finding against me which could result in a jail sentence and fine, and that falsification of this document may also subject me to criminal penalties for perjury under R.C. 2921.11.

**DO NOT SIGN THIS FORM UNLESS YOU ARE IN FRONT OF THE PERSON WHO WILL NOTARIZE THE PETITION FOR YOU.**

\_\_\_\_\_  
**SIGNATURE OF PETITIONER**

Subscribed and duly sworn before me according to law, by the above named applicant this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, County of \_\_\_\_\_, State of Ohio.

\_\_\_\_\_  
**NOTARY PUBLIC**



**IF YOU ARE REQUESTING YOUR ADDRESS REMAIN CONFIDENTIAL, DO NOT WRITE YOUR ADDRESS ON THIS FORM. PLEASE PROVIDE ANOTHER MAILING ADDRESS WHERE YOU CAN SAFELY RECEIVE NOTICES FROM THE COURT. THIS FORM IS A PUBLIC RECORD.**

Petitioner's Safe Address:

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Signature of Attorney for Petitioner (if applicable)

Name of Attorney (if applicable)

Attorney's Address

City, State, Zip Code

Attorney's Registration Number

Attorney's Telephone

Attorney's Fax

The following local service agencies provide legal assistance and/or support services for victims of domestic violence:

Legal Aid 513-241-9400	Domestic Relations (Civil Protection Orders) 513-887-3347
BC Mental Health & Addiction Recovery Services Board Crisis Hotline 1-844-427-4747	Family Services of Butler County 513-868-3245
Middletown Community Health Center 513-425-8330	Dove House Women's Protection Shelter 513-863-7099
Ohio Victims of Crime Compensation 1-800-582-2877	Butler County Bar Association 513-896-6671
Prosecuting Attorney 513-887-3437	Butler County Victim Advocate 513-887-3430
Women Helping Women 513-381-5610	Children's Diagnostic Center 513-868-1562
VINE 1-800-770-0192	Probation Adult: 513-887-3398 Juvenile: 513-887-3318
The Center for Family Solutions 513-887-4303	Parachute (Child Advocacy) 513-867-5010

# PERSONAL DESCRIPTION OF PETITIONER AND RESPONDENT IN A DOMESTIC VIOLENCE ORDER

PETITIONER: \_\_\_\_\_ CASE NO. \_\_\_\_\_

RESPONDENT: \_\_\_\_\_

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## Petitioner Information:

(NOTE: IF YOU WANT YOUR ADDRESS, PHONE NUMBER, DATE OF BIRTH, AND EMPLOYMENT INFORMATION TO REMAIN CONFIDENTIAL, DO NOT INCLUDE THIS INFORMATION HERE. SUPPLY THIS INFORMATION ON THE DV31-REQUEST FOR CONFIDENTIAL ADDRESS/DOMESTIC VIOLENCE PETITIONER'S CONFIDENTIAL INFORMATION SHEET.)

Petitioner's Name: \_\_\_\_\_ Permanent Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_  
Daytime Phone No. (\_\_\_\_) \_\_\_\_\_  
Address where staying if different than above: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Contact Number if different than above: (\_\_\_\_) \_\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_  
Relationship to Respondent: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Employer Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Employer Phone No. (\_\_\_\_) \_\_\_\_\_ Occupation: \_\_\_\_\_

How long have you lived with the Respondent?: \_\_\_\_\_ If separated, how long?: \_\_\_\_\_

Are there minor children in your household ?  Yes  No

Divorce or Dissolution:  not planned  intend to file  now pending  already granted

Attorney Name: \_\_\_\_\_

### † Referred by CSB

Name of person making referral from CSB: \_\_\_\_\_

Why was petitioner referred by CSB?: \_\_\_\_\_

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## Respondent Information:

Respondent's Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Daytime Phone No. (\_\_\_\_) \_\_\_\_\_ Hangouts: \_\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_  
Eye Color: \_\_\_\_\_ Identifying Marks: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Employer Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Employer Phone No. (\_\_\_\_) \_\_\_\_\_ Occupation: \_\_\_\_\_

Normal work hours/days: \_\_\_\_\_ Type of auto owned or used: \_\_\_\_\_

Vehicle License No.: \_\_\_\_\_ State: \_\_\_\_\_ License Year: \_\_\_\_\_ License Type: \_\_\_\_\_

History of Mental Illness? \_\_\_\_\_ Carries Weapons? \_\_\_\_\_

Type of Weapons: \_\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_