

IN THE CIRCUIT COURT OF SEBASTIAN COUNTY, ARKANSAS
FORT SMITH DISTRICT
DOMESTIC RELATIONS DIVISION

PLAINTFF

Name of Plaintiff

Physical/Street Address

City, State, Zip Code

Vs. DR- _____

DEFENDANT

Name of Defendant

Physical/Street Address

City, State, Zip Code

PETITION FOR ORDER OF PROTECTION

Petitioner/Plaintiff Information:

_____ I am the petitioner, I am _____ years old; my date of birth is ____/____/____.

_____ I am filing on behalf of myself.

_____ I am filing on behalf of a minor(s) whose name(s), is/are: _____

_____ The defendant is _____ years old.

The defendant and I are:

_____ *Dating or dated until approximately* _____

_____ *Married* at this time

_____ *Divorced* at this time

_____ *Not married* but are living together

_____ *Not married* but were living together until approximately _____

_____ Living in the same residence at this time

_____ Related by blood

_____ The defendant and I have _____ children together. The name(s), of the child (ren) is/are:

_____ I am involved in a pending litigation with defendant in the case of:

Case No.: _____

Circuit or District Court: _____

County or City: _____

_____ I have previously file for an Order of Protection against the defendant in the following case or cases:

Case No.: _____

Judge: _____

County: _____

The defendant has physically abused me or has threatened to physically abuse me by doing the following: (Describe the acts of physical abuse or threats and give approximate date of the most recent incidents) _____

The petitioner requests that the court issue an ex-parte order of protection with the following provisions:

_____ Exclude the defendant from the residence in which we both are living at this time. The address of our residence is: _____

_____ Exclude the defendant from my separate residence. The address is:

_____ Exclude the defendant from my place of employment, school, or other specific location. The addresses for these places are:

- Employer: _____

- School: _____

- Other (Identify): _____

Prohibit the defendant from initiating any contact with the petitioner.

The plaintiff/petitioner, under oath, states that the facts stated in the above petition are true according the plaintiff/petitioner's best knowledge and belief.

____ / ____ / ____

Date

Plaintiff/Petitioner Signature

Acknowledgment

STATE OF ARKANSAS
COUNTY OF SEBASTIAN

Subscribed and sworn to before me this ____ day of
_____, 20____.

My commission expires:

Notary Public