



***COURT OF COMMON PLEAS, MONTGOMERY COUNTY***  
***DOMESTIC RELATIONS DIVISION***

***DENISE L. CROSS, ADMINISTRATIVE JUDGE***

***TIMOTHY D. WOOD, JUDGE***

Self-Represented Litigants – a person who chooses to file and represent themselves without an attorney may find this process complicated. We recommend you consider using an attorney to assist you with your case. **EMPLOYEES CANNOT GIVE YOU LEGAL ADVICE OR TELL YOU WHAT YOU SHOULD DO ON YOUR CASE.**

**FILING FOR A DOMESTIC VIOLENCE OR DATING VIOLENCE  
CIVIL PROTECTION ORDER**

**YOU WILL NEED:** Picture ID, Name / Address for the Other Party, and about 2 hours

**THERE ARE NO FEES TO FILE FOR A PROTECTION ORDER.**

**COMPLETED PACKETS CAN BE FILED BETWEEN 8:30AM AND 4PM, Monday – Friday, excluding holidays. PLEASE COME TO THE COURT EARLY OR YOU MAY NOT BE ABLE TO FILE IN TIME AND HAVE YOUR HEARING. **Hearings will not be held over the lunch hour (Noon – 1:15pm).****

**PROCESS:**

- Complete this packet of forms (DO NOT SIGN FORMS UNTIL YOU ARE IN FRONT OF A NOTARY)
- Return completed forms to the Public Coordinator (*located at Domestic Relations Court, Second Floor, 301 W. Third Street, Dayton*)
- Show Public Coordinator your Picture ID so your forms can be notarized
- File forms with the Clerk's Office
- **Have your EMERGENCY hearing (SAME DAY YOU FILE)**

You will have a FULL HEARING, 7- 10 days later. If you get an emergency protection order from the Court, the sheriff will serve it on the other party. This tells the other party to stay away from you and to appear for the full hearing. **THIS COULD BE A DANGEROUS TIME FOR YOU – YOU SHOULD HAVE A PLAN TO KEEP SAFE! CONTACT ONE OF THE LOCAL HOTLINES TO SAFETY PLAN OR GET OTHER SERVICES: 937-461-4357 OR 937-222-7233**

**DO NOT SERVE OR SHOW THIS SHEET TO RESPONDENT  
FOR USE BY LAW ENFORCEMENT ONLY**

\* Case Number

**LAW ENFORCEMENT INFORMATION**

This completed form is required by law enforcement to enforce your order. Fill in the following information as completely as possible. Type or print only. *Addresses, birthdates and Social Security numbers of both parties are necessary to serve and enforce your order.*

<b>PETITIONER INFORMATION</b>		* Name of Petitioner (First, Middle, Last)			
Current Address			* Birthdate/Age	PHONE Home: Work:	
Emergency Contact Name / Address / Phone					
<b>RESPONDENT INFORMATION</b>		* Name of Respondent (First, Middle, Last)			
* Social Security Number or ID Number (specify)		* Sex	* Race	* Relationship to Petitioner	
Height	Weight	Eye Color	Hair Color	* DOB	Interpreter Req? Language
Respondent to be served at:				Home Phone	Scars/Marks/Tattoos/Piercings Description - Location
Employer		Employer's Address		WORK Hours: Phone:	
Vehicle License Number		Vehicle Make and Model		Vehicle Color	Vehicle Year

**PERSONS PROTECTED BY THIS ORDER**

*\*(MUST LIST ALL REQUESTED INFORMATION)*

*Name / Birthdate / Social Security Number / Race / Sex*

1. (Petitioner)\* \_\_\_\_\_
2. (Child) \_\_\_\_\_
3. (Child) \_\_\_\_\_
4. (Child) \_\_\_\_\_
5. (Other) \_\_\_\_\_
6. (Other) \_\_\_\_\_

**HAZARD INFORMATION**

Weapons    Guns/Rifles    Knives    Explosives    Other

Location of Weapons:

Itemize/Explain:

- Vehicle   
On Person   
Residence

**CURRENT STATUS**

*(Circle)*

**Respondent's History Includes:**

- |  |     |    |
|--|-----|----|
| Are you and the respondent living together right now?      | Yes | No |
| Does the respondent know you are trying to get this order? | Yes | No |
| Does the respondent know he/she may be moved out of home?  | Yes | No |
| Is the respondent likely to react violently when served?   | Yes | No |

- Mental Health Problems (Commitment, Treatment, Suicide Attempt, Other)  
 Assault     Assault with Weapons  
 Alcohol / Drug Abuse     Active Warrant for Arrest  
 (Give name of Court, if known)

\* These information items *must* be provided for the Protection Order to be entered into the NCIC law enforcement data system.

See Reverse for Additional Information    Prepared by:

Date:                      **DR-82 (9/14)**  
Discard all previous versions of this form

**IN THE COURT OF COMMON PLEAS**  
**MONTGOMERY COUNTY, OHIO**

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

\_\_\_\_\_  
 : 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 \_\_\_\_ / \_\_\_\_ / \_\_\_\_ :

**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 need or a witness needs a foreign language interpreter in \_\_\_\_\_ or an American Sign Language interpreter per Sup.R. 88.
1. I **want** an **ex parte (emergency) protection order** per R.C. 3113.31. Petitioner further requests a full hearing trial be scheduled, even if the *ex parte* protection order is granted, denied, or not requested.
2. I am filing the Petition because I am in fear of continuing danger. I was 18 years old or older when the violence took place, and I am or was in a dating relationship with Respondent within one year before the violence took place.
3. I have listed below all family or household members who need protection other than me **(Leave blank if you are not seeking protection for other family or household members.)**

NAME	DATE OF BIRTH	RELATIONSHIP TO PETITIONER

4. Respondent committed an act of violence against me.

5. Respondent was 18 years old or older when the violence took place.
6. I have or had a romantic or intimate relationship with the Respondent.
7. My relationship with Respondent was **neither** a casual acquaintance **nor** an ordinary business or social relationship.
8. You **must** describe the relationship with Respondent. You may include: (If you need more space, attach an additional page.)
  - Whether you developed a special bond 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 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 that could show to the Court the depth of or commitment to the relationship
  - Any other reason or explanation to prove the dating relationship

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

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10. You may want to describe, **if you want and know**, about any of the following. Not describing these items in the Petition does not mean dating violence did not happen. **If you need more space, attach an additional page.**

- Respondent's history of domestic violence or other violent acts
- Respondent's history of violating court orders
- Respondent's mental health
- Respondent's threats to other persons
- Respondent's access to deadly weapons, firearms, and ammunition or use of deadly weapons and acts or threats of violence with deadly weapon
- Respondent's abuse alcohol or controlled substances (drugs)
- Respondent's violence resulted in serious physical injury, forced sex, strangulation (or choking), abuse during pregnancy, abuse of the family's pet, and/or forced entry to gain access to Petitioner or Petitioner's family and household members
- Recent separation from Respondent or relationship was recently terminated
- Respondent's obsessive and controlling behaviors, including stalking, spying, following, and/or isolating you (Petitioner)
- Respondent's threats to kill self or others

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11. Petitioner further requests that the Court grant relief under R.C. 3113.31 to protect 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.)

- a. 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.
- b. 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.
- c. Directs Respondent to not approach or have contact by any means with Petitioner and the family or household members named in this Petition.
- d. Directs Respondent to not remove, damage, hide, harm, or dispose of any companion animals or pets owned or possessed by Petitioner.
- e. Grants Petitioner permission to take Petitioner's pets or companion animals, as described below, away from the possession of Respondent:

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

g. 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. The wireless service numbers to be transferred to Petitioner which are used by Petitioner or the minor children in the care of Petitioner is:

\_\_\_\_\_

\_\_\_\_\_

h. Includes the following additional provisions:

\_\_\_\_\_

12. 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.
13. 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).
14. 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.
15. 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: (If you need more space, attach an additional page.)

CASE NAME	CASE NUMBER	COURT/COUNTY	TYPE OF CASE	RESULT OF CASE

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

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

\_\_\_\_\_  
**DATE**

**IF YOU DO NOT HAVE AN ATTORNEY, PLEASE LEAVE THE INFORMATION BELOW BLANK.**

\_\_\_\_\_  
 Signature of Attorney

\_\_\_\_\_  
 Attorney's Registration Number

\_\_\_\_\_  
 Name of Attorney

\_\_\_\_\_  
 Attorney's Telephone

\_\_\_\_\_  
 Attorney's Address

\_\_\_\_\_  
 Attorney's Fax

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

\_\_\_\_\_  
 Attorney's Email

**THE MONTGOMERY COUNTY CLERK OF COURT SHALL ISSUE SERVICE OF THIS PETITION, EX PARTE ORDER, AND ANY ACCOMPANYING DOCUMENTS ON THE ABOVE-NAMED RESPONDENT, TO BE SERVED VIA PERSONAL SERVICE BY SHERIFF.**