



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.*

PETITIONER INFORMATION		* Name of Petitioner (First, Middle, Last)			
Current Address			* Birthdate/Age	PHONE Home: Work:	
Emergency Contact Name / Address / Phone					
RESPONDENT INFORMATION		* 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 DOMESTIC RELATIONS COURT
MONTGOMERY COUNTY, OHIO

Petitioner _____ : Case No. _____
_____ :

Address (Safe mailing address) _____ : Judge/Magistrate _____

City, State, Zip Code _____ :

Date of Birth ____ / ____ / ____ :

v. _____ :

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

Respondent _____ :

Address (If home address unknown, put work address) _____ :

City, State, Zip Code _____ :

Date of Birth ____ / ____ / ____

Respondent is 18 years old or older

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.

1. I need or witness needs a foreign language interpreter in _____ or an American Sign Language interpreter per Sup.R. 88.

X 2. 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.

3. Who needs protection?

- Me
- My minor children
- A family or household member who is not a minor child
- Other _____

4. What is the domestic violence victim's relationship to Respondent?

- Spouse of Respondent
- Former spouse of Respondent
- Natural parent of Respondent's child
- Child of Respondent
- Parent of Respondent
- Foster Parent

Other relative (by blood or marriage) of Respondent/ Petitioner who has lived with Respondent at any time

Person "living as a spouse of Respondent" is defined as:
• now cohabiting;
• or cohabited within five years before the alleged act of domestic violence

5. 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 including other family or household members.**)

NAME	DATE OF BIRTH	RELATIONSHIP TO PETITIONER	RELATIONSHIP TO RESPONDENT	THIS PERSON LIVES WITH PETITIONER
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO

6. Petitioner requests a Domestic Violence Civil Protection Order.

You **must** describe Respondent's threats or actions that made you request a protection order, including if children were present when the acts took place. When did it happen? (If you do not know exact dates, give approximate dates). Explain why you believe you or your family or household members are in danger. **If you need more space, attach an additional page.**

7. (Optional) You may describe, **if you want and know**, about any of the following items. Not describing these items in the Petition does not mean domestic 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.

8. Petitioner is in fear and in continuing danger.

9. 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 leave, not return to, or interfere with Petitioner's right to occupy the residence, including but not limited to cancelling any utilities or insurance or interrupting phone service, mail delivery, or the delivery of any other documents or items, and grants Petitioner exclusive possession of the following residence:
-
-

- (e) Allocates temporary parental rights and responsibilities for the care of the following minor children to Petitioner until further Order of the Court (include names and birth dates of the minor children):

- Petitioner has completed and attached the **Information for Parenting Proceeding, Form 10.01-F** and it is incorporated herein.

- (f) Establishes or modifies parenting time with the following minor children and requires parenting time to be suspended or supervised or to occur under such conditions that the Court determines will ensure the safety of Petitioner and the minor children (include names and birth dates of the minor children):

- Petitioner has completed and attached the **Information for Parenting Proceeding, Form 10.01-F** and it is incorporated herein.

- (g) Directs Respondent to provide financial support for Petitioner and the family or household members named in this Petition (Court may request additional information).

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

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

- (j) Divides household and family personal property as follows:

- (k) Directs Respondent to permit Petitioner to have exclusive use of the following motor vehicle:

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

- (m) Directs the wireless service provider to separate Petitioner's account from Respondent's account, per R.C. 3113.45 through 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.

Respondent's billing telephone number is: _____

Petitioner's contract 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 are: _____

(n) Includes the following additional provisions:

-
10. 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.
 11. 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).
 12. 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.
 13. Petitioner has listed court cases (including divorce, custody, visitation, paternity, child support, children service/CPS case, animal cruelty, sexually oriented offense, no contact order, and protection order) and other legal matters regarding Respondent that may relate to this case: (Attach additional pages, if necessary.)

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

The information above is true, complete, and accurate to the best of my knowledge. I understand that knowingly providing false information in this document may result in a contempt of court finding against me which could result in a jail sentence and fine, or criminal penalties under R.C. 2921.13.

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.

IN THE DOMESTIC RELATIONS COURT
MONTGOMERY COUNTY, OHIO

Petitioner : **Case No.** _____
 :
 : **Judge:** _____
 v. :
 : **INFORMATION FOR PARENTING**
 : **PROCEEDING AFFIDAVIT (R.C. 3127.23)**
 _____ :
Respondent : **(Filed with Form 10.01-D: Petition for**
 : **Domestic Violence Civil Protection Order)**

Use this form if you are requesting a parenting (custody or visitation) order in your Domestic Violence Civil Protection Order Petition (Form 10.01-D). If another court is already addressing or has addressed custody issues involving the children, custody and visitation issues may be handled in that case. By law, this form **must** be filed and served with the first pleading filed by each party in every parenting (custody or visitation) proceeding in this Court including a Petition for a Domestic Violence Civil Protection Order. **If you need more space, attach an additional page.**

I (full legal name) _____,
 state under oath or affirmation that these cases involve the custody of a child or children and the following statements are true:

1. Pursuant to R.C. 3127.23(D), I am requesting that the Court not disclose my current address or that of the children. My address is confidential and should be placed under seal because my health, safety, or liberty or that of the children would be jeopardized by the disclosure of the identifying information.

2. _____ **(number) Minor children are subject to this case as follows:**

(NOTE: Provide residence information for the last FIVE years.)

a. Child's Name:		Date of Birth:	
Period of Residence		Address (Do not list your address if confidential)	Person with whom Child Lived and Relationship to Child

Case No. _____

to present	<input type="checkbox"/> Address Confidential <input type="checkbox"/> Secretary of State Address Confidentiality Program		
to	<input type="checkbox"/> Address Confidential <input type="checkbox"/> Secretary of State Address Confidentiality Program		
to	<input type="checkbox"/> Address Confidential <input type="checkbox"/> Secretary of State Address Confidentiality Program		
to	<input type="checkbox"/> Address Confidential <input type="checkbox"/> Secretary of State Address Confidentiality Program		
b. Child's Name:		Date of Birth:	
<input type="checkbox"/> Check this box if the information requested below is the same as above.			
Period of Residence		Address (Do not list your address if confidential)	Person with whom Child Lived and Relationship to Child
to present	<input type="checkbox"/> Address Confidential <input type="checkbox"/> Secretary of State Address Confidentiality Program		
to	<input type="checkbox"/> Address Confidential <input type="checkbox"/> Secretary of State Address Confidentiality Program		

Case No. _____

to	<input type="checkbox"/> Address Confidential <input type="checkbox"/> Secretary of State Address Confidentiality Program		
to	<input type="checkbox"/> Address Confidential <input type="checkbox"/> Secretary of State Address Confidentiality Program		

c. Child's Name:	Date of Birth:
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Check this box if the information requested below is the same as above.

Period of Residence		Address (Do not list your address if confidential)	Person with whom Child Lived and Relationship to Child
to present	<input type="checkbox"/> Address Confidential		
to	<input type="checkbox"/> Address Confidential <input type="checkbox"/> Secretary of State Address Confidentiality Program		
to	<input type="checkbox"/> Address Confidential <input type="checkbox"/> Secretary of State Address Confidentiality Program		
to	<input type="checkbox"/> Address Confidential <input type="checkbox"/> Secretary of State Address Confidentiality Program		

d. List additional children on a page titled **Attachment 2(d)**. (Provide the following information for each additional child: name, date of birth, person with whom the child lived and child's relationship to the person, address, unless confidential, and dates when the child lived in that place with that person.)

Case No. _____

3. Participation in custody case(s): (check only one)

- I **HAVE NOT** participated as a party, witness, or in any capacity in any other case, in this or any other state, concerning the custody of or visitation (parenting time) with any child subject to this case.
- I **HAVE** participated as a party, witness, or in any capacity in any other case, in this or any other state, concerning the custody of or visitation (parenting time) with any child subject to this case. Explain:

- a. Name of each child _____
- b. Type of case _____
- c. Court and State _____
- d. Date of court order or judgment (if any): _____

4. Information about custody case(s): (check only one)

- I **HAVE NO INFORMATION** of any cases that could affect the current case, any cases relating to custody, domestic violence or protection orders, dependency, neglect or abuse allegations, or adoptions concerning any child subject to this case.
- I **HAVE THE FOLLOWING INFORMATION** concerning cases that could affect the current case, including any cases relating to custody, domestic violence or protection orders, dependency, neglect or abuse allegations, or adoptions concerning any child subject to this case, other than listed in Paragraph 3. Explain:

- a. Name of each child _____
- b. Type of case _____
- c. Court and State _____
- d. Date of court order or judgment (if any): _____

5. List all of the criminal convictions including guilty pleas for you and the members of your household for the following offenses: any criminal offense involving acts that resulted in a child being abused or neglected; any offense that is a violation of R.C. 2919.25; any sexually oriented offense as defined in R.C. 2950.01; and any offense involving a victim who was a family or household member at the time of the offense and caused physical harm to the victim during the commission of the offense.

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

6. Persons not a party to this case:

- I **DO NOT KNOW OF ANY PERSON who is** not a party to this case and who has physical custody or claims to have custody or visitation rights with respect to any child subject to this case.

Case No. _____

I KNOW THAT THE FOLLOWING NAMED PERSON(S) not a party to this case has/have physical custody or claim(s) to have custody or visitation rights with respect to any child subject to this case:

a. Name and address of person _____
has physical custody claims custody rights claims visitation rights.
Name of each child _____

b. Name and address of person _____
 has physical custody claims custody rights claims visitation rights.
Name of each child _____

c. Name and address of person _____
has physical custody claims custody rights claims visitation rights.
Name of each child _____

7. **I have a continuing duty to inform this Court of any child custody, visitation, parenting time, divorce, dissolution of marriage, separation, neglect, abuse, dependency, guardianship, parentage, termination of parental rights, or domestic violence case concerning the children in this state or in any other state that could affect the current case.**

OATH OR AFFIRMATION

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.

DO NOT SIGN THE FORM UNLESS YOU ARE IN FRONT OF THE PERSON WHO WILL NOTARIZE THE PARENTING PROCEEDING AFFIDAVIT FOR YOU.

Signature of Petitioner

Sworn to and subscribed before me on this _____ day of _____

NOTARY PUBLIC