Restraining Order / Protective Order Questionnaire

This form is designed to gather sensitive and time-critical information necessary to file for a Restraining Order (also known as an Order of Protection). **Please be complete, specific, and accurate. Use full names, dates, and locations.**

SECTION 1: Petitioner (Protected Party) Information

Full Legal Name:

Date of Birth: _____

Current Residential Address (The address where you currently reside):

Mailing Address (if different from Residential):

Primary Phone Number and Email Address:
Phone: _____ Email: _____

Do you have children in common with the Respondent? ( ) Yes ( ) No

SECTION 2: Respondent (Restrained Party) Information

Full Legal Name of the person you are seeking protection from:

Respondent's Date of Birth (if known):

Respondent's Last Known Residential Address:

Respondent's Work Address (If known):

Respondent's Phone Number (If known):

Relationship to the Respondent (Check one and elaborate below):
( ) Spouse / Partner ( ) Former Spouse / Partner ( ) Family Member ( ) Dating / Former Dating ( ) Other: _____
Relationship Details (e.g., were you married, how long did you live together, how long did you date):

SECTION 3: Detailed Incidents of Abuse and

Harassment

You must describe the most recent act of abuse in detail, followed by previous acts. Be specific about dates, times, locations, and what was said or done.

1. MOST RECENT ACT OF ABUSE

Date and Approximate Time:

Location where the incident occurred (Be specific: Address, Room, Public/Private):

Detailed Narrative of the Event (What did the Respondent say or do? What did you do?):

Did the police respond to this incident? ( ) Yes ( ) No
If Yes, Agency Name and Report Number (if known):
Were any physical injuries sustained? ( ) Yes ( ) No
If Yes, describe and state if you sought medical attention:
2. PREVIOUS ACTS OF ABUSE (List the next 2-3 most serious incidents)

Incident 2: Date and Summary of Event:

Incident 3: Date and Summary of Event:

Incident 4: Date and Summary of Event:

SECTION 4: Weapons, Threats, and Safety Concerns

1. Threats of Violence

Has the Respondent ever threatened to hurt you, your children, or your property? ( ) Yes ( ) No

If Yes, describe the threats and when they were made:

2. Weapons

Does the Respondent own or have access to any firearms, knives, or other weapons? ( ) Yes ( ) No

If Yes, describe the type and location (if known):

3. Safety Concerns

Do you believe the Respondent is currently taking drugs or abusing alcohol? ( ) Yes ( ) No

Has the Respondent violated any previous court orders or restraining orders? ( ) Yes ( ) No **If Yes, explain:**

Do you fear for your life or immediate safety? ( ) Yes ( ) No

Explain the immediate need for protection:

SECTION 5: Evidence, Witnesses, and Other Orders

1. Witnesses

List any witnesses who saw or heard any of the incidents (Name and Phone Number):

2. Evidence

Do you have any evidence (photos of injuries/damage, text messages, emails, voicemails, police reports)? ( ) Yes ( ) No

If Yes, describe the evidence and where it is located:

3. Other Court Orders

Are there any existing custody, divorce, or criminal cases involving you and the Respondent? ( ) Yes ( ) No
If Yes, describe the case type and the court location:
Client Signature:

Date: