

**Petition for Emergency Relief from Abuse**

This section is to be completed by a police officer  
Mag. Dis. No.: MDJ-50-\_\_\_\_\_  
MDJ Name: Honorable \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone: 724-\_\_\_\_\_

\_\_\_\_\_  
VS  
\_\_\_\_\_

**Docket No:**  
**Case Filed:**

**PETITION OF THE PLAINTIFF**

I, \_\_\_\_\_, hereby petition for emergency relief from abuse  
(Name of Plaintiff – please print)

- On behalf of myself.
- On behalf of the following minor (child)(children) of whom I am (parent)(adult household member)(guardian)
- On behalf of the following incapacitated person to who I am guardian

\_\_\_\_\_  
(Name) (Address) (Age)  
\_\_\_\_\_  
(Name) (Address) (Age)

The cause for seeking relief is as follows:

[Empty box for cause of relief]

**Emergency relief from abuse is required because there is immediate and present danger of abuse by the defendant to me and the above listed minor (child) (children)(incapacitated person).**

\_\_\_\_\_

(Signature of the Plaintiff)  
**(\*\*DO NOT SIGN UNTIL IN PRESENCE OF POLICE OFFICER)**

Plaintiff

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

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

Address:

Phone: \_\_\_\_\_

Relation: \_\_\_\_\_

(Relation to others listed on the EPFA application)

\_\_\_\_\_

\_\_\_\_\_

Defendant Information:

Full Name: \_\_\_\_\_

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

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

If more than one person beyond the EPFA applicant/plaintiff, the following page (page 3) can be used as an additional continuation of this page.

Others listed in the EPFA application:

Full Name: \_\_\_\_\_

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

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Others listed in the EPFA application:

Full Name: \_\_\_\_\_

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

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Others listed in the EPFA application:

Full Name: \_\_\_\_\_

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

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_