



## INFORMATION ABOUT FILING FOR AN ORDER OF PROTECTION

### VERY IMPORTANT-PLEASE READ BEFORE BEGINNING ORDER OF PROTECTION PACKET

You will be required to give information on the following pages necessary to file your Petition for Order of Protection and for the *National Crime Information Center*.

1. Please answer **ALL** questions in the correct spaces-if the information is known. You will notice that some things may be asked more than once.
2. Provide your **complete address**-including street name and number, apartment number, city, state, and zip code.
3. If the Respondent is in jail, we still need an address for mailing- **either last known address or relative's address**.
4. **VERY IMPORTANT** that you provide a **phone number** where you can be notified about your court date and changes in your court case. Please provide a phone number for the **Respondent** to assist the Sheriff's Office in serving the Order of Protection.
5. It is **your responsibility** to notify STOPDV if your address or phone number **changes** so we can notify you of changes in your court case.
6. You **MUST list the initials AND DATES OF BIRTH ONLY** of minor children/others who are protected parties on the Order of Protection-on **ALL** pages where it is requested.
  - a) This is **ABSOLUTELY NECESSARY** for entry into the *National Crime Information Center*.
  - b) Also **ALERTS** police that the child(ren) are protected parties in case of emergency.

**ALL OF THE PERSONAL STATISTICAL INFORMATION PROVIDED BY YOU IS CONFIDENTIAL AND IS NOT A PUBLIC RECORD!**

**HOWEVER, THE NARRATIVE YOU INCLUDE IN THE PETITION AND AFFIDAVIT IS NOT CONFIDENTIAL AND MAY BE SEEN BY THE RESPONDENT.**

You have filed for an **Order of Protection** to protect you from the Respondent. Most importantly, it can order the Respondent to stay away from you and not harm you. The Order of Protection **DOES NOT** go into full effect until the Respondent has been served with the Order of Protection. After the Respondent has been served, you may report any violations of Order of Protection to law enforcement.

You should begin to collect evidence that may be used in your hearing. Evidence includes text messages and voicemails that are threats of physical harm, pictures, and anything else that supports your petition showing you are afraid of the Respondent. This generally does not include name calling or harassment. If you are being represented by the STOPDV Protection Order Attorney, please provide your evidence to STOPDV as soon as possible to assist the attorney in preparing for your hearing.

## Frequently Asked Questions

### **What is an Order of Protection?**

- An Order of Protection is a civil court order that is designed to protect a victim of physical abuse from further harm, threats of harm, stalking, and/or harassment. An Order of Protection **can**: order an abuser to stop hurting you, order an abuser to stay away from you and from your home, work, school, and other places you may go, order an abuser to stop contacting you directly or through another person, and/or order temporary custody or visitation rights of the children involved.

### **What does an Order of Protection cover?**

- An Order of Protection is designed to provide legal protection over a victim of domestic violence. Per Arkansas Statute 9.15.103, to file an Order of Protection, you must have an 'imminent fear of physical harm, injury or assault', or have experienced or are protecting a minor child due to "sexual conduct that constitutes a crime".

### **What are some limitations of an Order of Protection?**

- If an Order of Protection has not been officially served, it is not enforceable. If the order has not been served within 120 days of the filing of the lawsuit, the order may be dismissed by the court. While an order of protection is an extremely helpful resource, it is important to continue to safety plan in case of an emergency.

### **What are some ways I can help to get the abuser served with an Order of Protection?**

- You can provide the residential address where your abuser resides and the abuser's workplace. If your abuser is currently on supervised probation or has any other court cases that may require an appearance, please let us know so that service may be attempted.

### **What is the difference between an Order of Protection, a No Contact Order, and a Restraining Order?**

- An Order of Protection is a civil case filed by a victim of domestic violence designed to protect a victim from immediate threats of physical harm. A No Contact Order is typically issued by a judge as a condition for bond in a criminal case and is not something you can file for. A Restraining Order is typically issued during a divorce case or another domestic relations case to prevent parties from harassing each other.

### **Who can file an Order of Protection?**

- You can file an Order of Protection to protect yourself, on behalf of a minor, or an incapacitated adult. Your relationship to the Respondent must meet the following criteria: spouses/ex-spouses, parents, children, persons related by consanguinity or affinity up to the fourth degree of consanguinity (in addition to those already indicated, include: grandparents, great-grandparents, grandchildren, great-grandchildren, aunts, uncles, nieces, nephews, and first cousins), people who currently live with you or have lived with you in the past, people with whom you have or have had a child in common, people you are currently dating or have dated in the past.

**Petitioner Info Sheet**

Today's Date: \_\_\_\_\_ 120 Days: \_\_\_\_\_ Children under 18? Y/N? \_\_\_\_\_

Client (person seeking order):  New Client       Returning Client     Primary Victim  
 Secondary Victim       On Behalf of Minor

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

First                      Last

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

City              State              ZIP

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

(Do not contact me by phone/text )

Alternate Contact(s): \_\_\_\_\_

Name(s)    Phone #(s)

Do you have any other cases?  Yes               No     Private

Counsel: \_\_\_\_\_

If 'Yes':  Criminal     Cross Petition     Denied Order of Protection     Domestic Relations

**Protected Minor Info**

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Name	DOB	Sex	Race
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Name	DOB	Sex	Race
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Name	DOB	Sex	Race
Name	DOB	Sex	Race
Name	DOB	Sex	Race
Name	DOB	Sex	Race
Name	DOB	Sex	Race

**Respondent Info Sheet**

Defendant/Respondent:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Race/Sex \_\_\_\_\_

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

City            State            ZIP

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

Case # for other Orders of Protection/No Contact Orders/Cross Petition: \_\_\_\_\_

Other Court Cases:  Yes       No

### Other Factors Questionnaire

Today's Date: \_\_\_\_\_

Race/Ethnicity:  American Indian/Alaskan Native  Asian  Black/African American  
 Hispanic or Latino  Native Hawaiian/Other Pacific Islander  White Non-  
Latino/Caucasian  Other Race  Multiple Races

Gender Identity:  Male  Female  Other: \_\_\_\_\_

Age:  0-12  13-17  18-24  25-59  60+

Other Demographics (Check all that apply.):  LGBTQ+  Deaf/Hard of Hearing

Disabilities  Immigrant/Refugee/Asylum Seeker  Limited English Proficiency

Veteran  Live in Rural Area  Other: \_\_\_\_\_

Types of Victimization (Check all that apply.):

Adult Physical Assault (Includes Aggravated and Simple Assault)

Adult Sexual Assault

Bullying (Verbal, Cyber, or Physical)

Burglary

Child Physical Abuse or Neglect

- Child Sexual Abuse or Assault
- Child Pornography
- Domestic Violence and/or Family Violence
- DUI/DWI Incidents
- Elder Abuse or Neglect
- Human Trafficking: Labor
- Human Trafficking: Sex
- Identity Theft/Fraud/Financial Crime
- Kidnapping (Custodial)[
- Kidnapping (Non-custodial)
- Mass Violence (Domestic/International)
- Other Vehicular Victimization (e.g., Hit and Run)
- Robbery
- Stalking/Harassment
- Survivor(s) of Homicide Victims
- Teen Dating Victimization

Terrorism (Domestic/International)

Hate Crime (Race/Religious/Gender/Sexual Orientation/Other (If Other, explain):

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Other Type of Victimization (Explain): \_\_\_\_\_

# STOPDV CLIENT LEGAL SERVICES ACKNOWLEDGEMENT

PETITIONER \_\_\_\_\_ RESPONDENT \_\_\_\_\_

\_\_\_\_\_ I understand that I am requesting an Order of Protection which asks that Respondent (abuser) be kept away from me and is intended to decrease Respondent's ability to further harm or intimidate me. The Petition does not address division of property or constitute a divorce filing.

\_\_\_\_\_ I understand I must appear in court on the given date, even if the order has been served, and I cannot stop the Order of Protection after it has been filed until I appear in court.

\_\_\_\_\_ I understand that I should not contact Respondent once the Petition has been filed.

\_\_\_\_\_ I understand that the Sheriff's office in the county where Respondent lives or works is responsible for serving the Order and that I should provide them with any additional information to assist them by calling (501) 450-4914 ext. 212.

\_\_\_\_\_ I understand that if Respondent has not been served within 120 days of the filing of the Petition, my case may be dismissed by the Judge for lack of service. I also understand that if there is a new threat of imminent harm following the dismissal, I can file a new Petition.

\_\_\_\_\_ I understand that I must keep a copy of my Order with me at all times and should leave a copy at all addresses that are protected under the Order.

\_\_\_\_\_ I understand that if I have any trouble with Respondent from this time on, I should immediately contact law enforcement for assistance.

\_\_\_\_\_ I understand that if Respondent violates the Order I need to report it to law enforcement and then contact STOPDV.

\_\_\_\_\_ I understand that STOPDV will not provide an attorney to me if:

- I have had a Petition for Order of Protection filed against me;
- I have a divorce, custody, child support, or guardianship case with Respondent;
- I currently have criminal charges or have been found guilty of an act of violence;
- I have had criminal charges related to an act of violence filed against me even if they were later dismissed by the victim or dismissed with conditions; or
- I have had a No Contact Order entered against me.

\_\_\_\_\_ I understand that even if STOPDV cannot provide legal services, I will still be provided with advocacy services.

\_\_\_\_\_ I understand that the law does not require that I hire an attorney if the Petition is denied and I request a hearing, however, I understand that the STOPDV Protection Order Attorney will not represent me in that hearing. If I do not hire a private attorney, I will represent myself.

\_\_\_\_\_ I understand that representation by the STOPDV Protection Order Attorney is for the strictly limited purpose of the Order of Protection hearing only and is not to be assumed to continue for any other purpose. This includes, but is not limited to, discovery, post hearing matters, and/or appeals of the Circuit Court finding.

\_\_\_\_\_ I understand that the Petition will be filed at the Court Clerk's office. I also understand that my Order of Protection is public record, but that information that is shared with advocates is confidential unless a Release of Information is signed or is required by law.

\_\_\_\_\_ I understand that the advocates of STOPDV are considered mandated reporters under ACA §12-18-402. As such, they are required to immediately notify the Child Abuse Hotline if they have reason to suspect child maltreatment or are subject to circumstances that would reasonably result in maltreatment.

**By my initials above and signing below, I state that I have read and understand the above.**

Petitioner: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_



FAULKNER COUNTY, ARKANSAS

5TH DIVISION D. V. COURT

Petitioner:

Petitioner's Home Address (Street):

DOB:

GENDER:

RACE:

Petitioner's Work Address (Street):

VS. No. DR 2023

Respondent:

Respondent's Home Address (Street):

DOB:

GENDER:

RACE:

Respondent's Work Address (Street):

**PETITION FOR AN EX PARTE TEMPORARY ORDER OF PROTECTION**

I, the Petitioner, am asking the Court to issue an Order of Protection. A hearing will be set within 10 to 30 days to determine whether the Order will become permanent. At that hearing, I will present evidence for an Order of Protection, and the Respondent will have an opportunity to appear and contest the Order of Protection. I state, under oath and subject to the penalty of PERJURY, that the following facts are true and correct to the best of my knowledge and belief:

1. I am at least 18 years of age, or I am under 18 years of age, but emancipated.  
Respondent is:  18 years of age  under 18 but emancipated.

I am filing this petition:

- (A)  on behalf of myself AND/OR
- (B)  on behalf of a family or household member who is
  - A minor(s), Initial(s):
  - An adjudicated incompetent person,  
Name(s):

2. The relationship between the Respondent and me (or the person[s] on whose behalf I am filing this petition) is/are: (CHECK ALL THAT APPLY)

- (A)  We are spouses or  former spouses (Divorce Date: \_\_\_\_\_ )
- (B)  We are related by blood
  - Respondent is the parent
  - Respondent is my child
  - Other relationship: Respondent is my \_\_\_\_\_
- (C)  We currently cohabit. Date we started living together: \_\_\_\_\_ Until: \_\_\_\_\_
- (D)  We formerly cohabitated from: \_\_\_\_\_ Until: \_\_\_\_\_
- (E)  We have or have had a child in common.
- (F)  Dating relationship
- (G)  We are related by marriage: Respondent is my \_\_\_\_\_

3. I believe I am entitled to an Ex-parte Temporary Order of Protection because I (or the person[s] on whose behalf I am filing this petition) am (is/are) afraid of the Respondent and an emergency exists because there is an immediate and present danger of domestic abuse.  
(In the following section, describe the details of the **MOST RECENT ACT** to you or members of your household that caused you to seek the Court's Assistance. DO NOT LIST PREVIOUS THREATS OR ACTS OF ABUSE IN THIS SECTION.

Date of Most Recent Act:

Location of Most Recent Act:

Threats of Physical Harm:

Actual Physical Abuse or Harm:

OR The Respondent is scheduled to be released from incarceration within thirty (30) days and upon the Respondent's release there will be an immediate and present danger of domestic abuse to me.

Date of Release:

Place of incarceration:

The reasons I believe I will be in danger when the Respondent is released are:

4. The above MOST RECENT ACT was reported to a law enforcement agency?

No  Yes

It was reported to:

Date:

Action taken by the law enforcement agency:

Is there a court date set in any other court?

No  Yes

If Yes, when?

What Court?

5. PREVIOUS acts of domestic violence by Respondent against me (or the person[s] on whose behalf I am filing this petition), including verbal threats, harassment, and physical abuse, are:

6. Has the Respondent previously been arrested for acts of violence?  No  Yes  Unknown

If Yes, give the following details:

WHEN:

WHERE:

What are the charges/accusations?

Was Respondent convicted?  No  Yes

If yes what charge?

7. The Respondent and I have the following minor child(ren): (List their initials, dates of birth, and addresses, if different from yours.) **DO NOT LIST YOUR CHILDREN UNLESS THEY ARE THE RESPONDENT'S CHILDREN.**

Check if additional pages listing children are attached

Initials	Date of Birth	Address

(If minor children are living in the residence from which you request the Respondent be excluded who are either yours or the Respondent's, but not belonging to both of you, please list).

Petitioner's children only:

\_\_\_\_\_

Respondent's children only:

\_\_\_\_\_

\_\_\_\_\_

8. I, the Petitioner, ask the Court to issue an Ex-Parte Temporary Order of Protection with the following provisions:  
(CHECK ALL THAT ARE APPLICABLE)

- Excluding the Respondent from the shared residence of the parties or the residence of the Petitioner or Victim.  
Address of Residence:
- The above residence is owned by:  Petitioner  Respondent  Both  Neither
- Excluding the Respondent from the place of business, employment, school, or other location of the Petitioner or Victim, which is/are:  
Name of Business or employment:  
Address of Business:  
Name of School and Address:

Other Address:

- Prohibiting the Respondent, directly or through any other person, from contacting the Petitioner or victim, except under the following conditions
- Awarding petitioner temporary custody of the minor children listed in paragraph 7.
- Requiring Respondent to pay child support. Respondent's weekly take-home pay is \$
- Requiring Respondent to pay spousal support.
- Excluding Petitioner's address from the notice to the Respondent.
- Requiring Respondent to pay filing fees, service fees, court costs, and Petitioner's attorney's fees (if applicable).

9. A Court Order ALREADY EXISTS concerning custody of Respondent's and my child(ren) listed in paragraph number (7) above.  No  Yes. IF Yes, state the contents of the order as follows:

County and State where Order was issued:

Who was Awarded Custody:

Amount of Child Support:

10. The Respondent and I have been involved in the following cases in Chancery or Circuit Court:

Type of Case:

- |   |          |         |
|---|----------|---------|
| <input type="checkbox"/> Domestic Abuse | Date(s): | County: |
| <input type="checkbox"/> Divorce        | Date(s): | County: |
| <input type="checkbox"/> Paternity      | Date(s): | County: |
| <input type="checkbox"/> Child Support  | Date(s): | County: |
| <input type="checkbox"/> Other          | Date(s): | County: |

My Attorney is:

Respondent's attorney is:

11. Is the Respondent a member of the armed forces, a law enforcement officer or have a current concealed handgun license?

- No  Yes. If Yes, list:

12. If this Petition is denied, would you like a hearing?

No     Yes

13. (Initial before each sentence below before signing.)

\_\_\_\_ I, the Petitioner, state under oath and subject to the penalty of PERJURY that the above Petition contains facts that are true and correct to the best of my knowledge and belief.

\_\_\_\_ I UNDERSTAND that I will present documentation, medical records, photographs and/or witnesses at the hearing to support this Order.

\_\_\_\_ I UNDERSTAND THAT IF I DO NOT RETURN TO THE SCHEDULED HEARING, THE PETITION MAY BE DISMISSED AND THE COURT MAY SEND AN OFFICER TO LOCATE ME, BRING ME TO COURT, OR CHECK ON MY WELFARE.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PETITIONER'S SIGNATURE

STATE OF ARKANSAS }  
COUNTY OF FAULKNER }

Subscribed and sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires: \_\_\_\_\_

IN THE CIRCUIT COURT OF FAULKNER COUNTY, ARKANSAS  
5<sup>TH</sup> DIVISION

\_\_\_\_\_

PETITIONER

VS.

CASE NO. \_\_\_\_\_

\_\_\_\_\_

RESPONDENT

AFFIDAVIT ACCOMPANYING PETITION FOR DOMESTIC ORDER OF PROTECTION

I, \_\_\_\_\_, Petitioner in the above named Order of Protection Case having been duly sworn, depose and state the following under penalty of perjury:

1. I am the Petitioner in the above-captioned case for a Petition for an Order of Protection against the named Respondent.
2. In good faith, I believe I am entitled to an Order of Protection against the Respondent, and I submit this Affidavit in accordance with Arkansas Code Annotated § 9-15-201(e) (2).
3. The specific facts and circumstances that have led to the filing of this Order of Protection are as follows (additional attached pages, if any, are incorporated by reference as if laid out herein word for word):

Most Recent:

Previous:

4. These facts, along with the facts alleged in my accompanying petition constitute my request for an Ex-Parte Order of Protection and Final Order of Protection.

5. I request that an Ex-Parte Temporary Order of Protection and a Final Order of Protection be entered granting me the following relief: (check all that apply)

\_\_\_\_\_ Exclude the respondent from a shared residence or from the residence of the petitioner or victim. Address of residence:

\_\_\_\_\_ Exclude the respondent from the place of business, employment, school, or other location of the petitioner or victim.

Place of business:

Employment:

School:

Other (identify):

\_\_\_\_\_ Prohibit the respondent, directly or through an agent, from contacting the petitioner or victim, except under the following conditions:

\_\_\_\_\_ Award temporary custody or establish temporary visitation rights or minor children as follows:

**Child's Initials/Person to Receive Custody**

\_\_\_\_\_ Exclude the petitioner's address from notice to respondent.

\_\_\_\_\_ Require Respondent to pay any associated costs including my attorney fees.

\_\_\_\_\_ Direct the care, custody, or control of the following pets:

6. I further request any other relief as the court deems necessary or appropriate pursuant to Ark. Code Ann. 9-15-205 (8)(A).

7. \_\_\_\_\_ I request that a hearing be set on this matter and that notice and order to appear to be issued to Respondent if the attached Petition is denied.

\_\_\_\_\_ I do not want a hearing set on this matter or notice and order to appear to be issued to Respondent if the attached Petition is denied.

\_\_\_\_\_  
PETITIONER

\_\_\_\_\_  
DATE

STATE OF ARKANSAS )  
COUNTY OF FAULKNER )

SUBSCRIBED AND SWORN to before me, the below named officer, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

MY COMMISSION EXPIRES: