

# FORM 10.03-G: HOW TO OBTAIN A CIVIL STALKING PROTECTION ORDER OR CIVIL SEXUALLY ORIENTED OFFENSE PROTECTION ORDER

These instructions are intended to assist you in preparing the Petition for a Civil Stalking Protection Order or Sexually Oriented Offense Protection Order, which can only be heard by the court of common pleas in your county. **Throughout the Petition you are called *Petitioner* and the person you are filing this Petition against is called *Respondent*.**

## SOME HINTS BEFORE YOU BEGIN

- All forms must be typed or printed.
- When you print your name on the Petition, use the same name you use when you write your signature.
- Write your name and Respondent's name the same way throughout the Petition.
- Fill out the Petition as completely and accurately as possible.
- If you have any questions about completing the Petition, ask the Clerk of Court's office for assistance or contact your local domestic violence program or the Ohio Domestic Violence Network at 800-934-9840.
- Under federal and state law no fees may be charged to obtain a protection order.

## FILLING OUT THE PETITION: Mark each instruction below after you read and complete it

- On the front page, leave the "Case No." line and "Judge" lines blank.** The Clerk of Court's office will fill in this information.
- On the top left-hand side of the front page, fill in the requested information about yourself.** If you do not want your present address to be known, write "confidential" in the space for your address, but list someone else's address where you can receive notices from the Court.
- Also on the top left-hand side of the front page, fill in the requested information about Respondent as best you can.** You may use Respondent's work address if you do not know Respondent's home address. If you do not know Respondent's date of birth, leave that line blank. Do not attempt to obtain this information unless it is safe to do so.
- Paragraph 1:** If you are filing the Petition on behalf of yourself, mark the first box.
- Paragraph 2:** If you are filing the Petition on behalf of a family or household member, mark the box and fill in their name(s) and the other information requested in the chart. You may attach additional pages if you need more room.
- Paragraph 3(a):** State the date(s) of the incident(s) that caused you to file the Petition. Exact date(s) is not necessary; approximate time frame may be sufficient. If you are requesting a civil stalking protection order due to stalking, provide a brief description of the pattern of conduct (two or more instances) that caused you to believe that the Respondent will cause physical harm or cause mental distress to you or another family member. (NOTE: Petitioner and/or Respondent need not be related in any way for Petitioner to obtain the protection order.) If you are aware of any prior convictions of the Respondent for menacing by stalking or similar offenses, or prior convictions of Respondent for any sexually oriented offenses, list what information you know about those convictions. You may attach additional pages if you need more room to complete your description.
- Paragraph 3(b):** State the date(s) of the incident(s) that caused you to file the Petition. Exact date(s) is not necessary; approximate timeframe may be sufficient. If you are requesting a civil sexually oriented offense protection order due to a sexually oriented offense, you do not have to provide a description of a pattern of conduct. A brief description of what happened that caused you to request the protection order will be enough. (NOTE: Petitioner and/or Respondent need not be related in any way for Petitioner to obtain the protection order.) If you are aware of any prior convictions of the Respondent for menacing by stalking or similar offenses, or prior convictions of Respondent for any sexually oriented offenses, list what information you know about those convictions. You may attach additional pages if you need more room to complete your description.
- Paragraph 3(c):** State the date(s) of the incident(s) that caused you to file the Petition and request electronic monitoring of the Respondent. Exact date(s) is not necessary; approximate timeframe may be sufficient. If you are requesting electronic monitoring of the Respondent, describe the nature and extent of the Respondent's conduct before the filing of this Petition that puts you or your family or household members' health, welfare, or safety at risk. Also describe how the Respondent presents a continuing danger to you or your family or household members.
- Paragraph 4:** Indicate the action you want the Court to take by marking the boxes next to the numbered paragraphs that apply to your situation.

- Paragraph 4(f):** Write any special court orders you believe would help protect you and your family or household members.
- Paragraph 5:** Be sure to mark the box next to Paragraph 5 if you need an emergency (“*ex parte*”) protection order.
- Paragraph 9:** List ALL present or past court cases or investigations that involve Respondent. This includes all criminal, divorce, custody, visitation, and any other case that may have a bearing on the safety of you or your family or household members. Write the case name, the court, the case number, and the outcome of the case, if known. You may attach additional pages if you need more room.

### SIGNING THE PETITION

Try to fill out the Petition before you go to the courthouse. **AFTER YOU HAVE FILLED OUT THE PETITION, TAKE IT TO A NOTARY PUBLIC TO HAVE YOUR SIGNATURE NOTARIZED. DO NOT SIGN THE PETITION UNLESS YOU ARE IN FRONT OF A NOTARY PUBLIC. An employee of the Clerk of Court’s office may be available to take your oath.**

### FILING THE PETITION

After you have your signature notarized, file your Petition at the Clerk of Court’s office. The Clerk of Court’s office will tell you when and where your *ex parte* hearing will take place.

### FEES

Under federal and state law, you cannot be charged any costs or fees for filing and obtaining a protection order.

CASE NUMBER(S) \_\_\_\_\_  
\_\_\_\_\_

ACKNOWLEDGMENTS

INITIAL

HERE **X** \_\_\_\_\_ I hereby acknowledge and understand that all information which I provide on my petition(s) for Civil Stalking or Sexually Oriented Offense Protection Order will be accessible to the public. I understand that the respondent(s) will be served with a complete and unedited copy of the petition(s).

INITIAL

HERE **X** \_\_\_\_\_ I hereby acknowledge and understand that if I do not provide (1) the first and last name of each Respondent and (2) each Respondent's date of birth or social security number to the Montgomery County Common Pleas Court or the Montgomery County Sheriff's Office, any Civil Stalking or Sexually Oriented Offense Protection Order(s) granted in my case(s) **will not** be registered in law enforcement computers until this information is obtained.

SIGN

HERE **X**

\_\_\_\_\_  
Petitioner

\_\_\_\_\_  
Witness

**IN THE COURT OF COMMON PLEAS**  
 \_\_\_\_\_ **COUNTY, OHIO**

<b>Petitioner</b>	:	<b>Case No.</b>	
Address	:	<b>Judge</b>	
City, State, Zip Code	:	<b>PETITION FOR CIVIL STALKING PROTECTION ORDER OR CIVIL SEXUALLY ORIENTED OFFENSE PROTECTION ORDER (R.C. 2903.214)</b>	
Date of Birth: _____	:		
<b>v.</b>	:	<b>Notice to Petitioner: Check every <input type="checkbox"/> that applies.</b>	
<b>Respondent</b>	:	<b>DO NOT WRITE YOUR ADDRESS ON THIS FORM IF YOU ARE REQUESTING CONFIDENTIALITY. PLEASE PROVIDE ANOTHER ADDRESS WHERE YOU CAN RECEIVE NOTICES FROM THE COURT.</b>	
Address	:		
City, State, Zip Code	:		
Date of Birth: _____	:		
		<b>The Respondent does NOT have to be related to Petitioner in any way for Petitioner to be eligible for relief.</b>	

1. Petitioner seeks relief on Petitioner's own behalf.
2. Petitioner seeks relief on behalf of the following family or household members:

NAME	DATE OF BIRTH	HOW RELATED TO PETITIONER

Ohio law defines "Menacing by Stalking" as follows:

*"No person by engaging in a pattern of conduct shall knowingly cause another person to believe that the offender will cause physical harm to the other person or cause mental distress to the other person."* R.C. 2903.211(A)(1).

*"No person, through the use of any electronic method of remotely transferring information, including, but not limited to, any computer, computer network, computer program, or computer system, shall post a message with purpose to urge or incite another to commit a violation of division (A)(1) of this section (above)"* R.C. 2903.211-(A)(2).

"Sexually oriented offenses" are defined in R.C. 2950.01.

3. Petitioner states that Respondent has engaged in the following act(s) which create an immediate and present danger. For (a), (b), or (c) below, attach additional paper if you need more room.

(a) For a civil stalking protection order due to menacing by stalking, describe the nature and extent of the pattern of conduct that causes you to believe that Respondent will cause you physical harm or causes (or has caused) mental distress. Also describe any previous convictions of Respondent for the crime of Menacing by Stalking, if known.

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(b) For a civil sexually oriented offense protection order due to a sexually oriented offense, describe the acts of Respondent as fully as possible. You do not need to include any pattern of conduct information for a protection order due to a sexually oriented offense.

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(c) For electronic monitoring of the Respondent, describe the nature and extent of the Respondent's conduct before the filing of this Petition that puts you or your family or household members' health, welfare, or safety at risk. Also describe how the Respondent presents a continuing danger to you or your family or household members.

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4. Petitioner requests the Court grant relief under R.C. 2903.214 for the Petitioner and the family or household members named in this Petition by granting a Civil Stalking Protection Order or Civil Sexually Oriented Offense Protection Order that:

(a) Requires Respondent not to abuse the Petitioner and the family or household members named in this Petition by harming, attempting to harm, threatening, following, stalking, harassing, contacting, forcing sexual relations upon them, or by committing sexually oriented offenses against them.

(b) Requires Respondent to refrain from entering the residence, school, business, place of employment, child care providers, or day care centers of Petitioner and the family or household members named in this Petition, including the buildings, grounds, and parking lots at those locations.

(c) Requires Respondent not to interfere with Petitioner's right to occupy the residence including, but not limited to canceling any utilities, insurance, interrupting phone service, mail delivery, or the delivery of any other documents or items.

- (d) Requires Respondent not to remove, damage, hide, or dispose of any property or pets owned or possessed by the Petitioner and Petitioner's family or household members named in this Petition.
- (e) Requires Respondent not to possess, use, carry, or obtain any deadly weapon.
- (f) Requires Respondent to be electronically monitored.
- (g) Includes the following additional provisions: \_\_\_\_\_  
\_\_\_\_\_
- 5. Petitioner further requests that the Court issue an *ex parte* (emergency) protection order under R.C. 2903.214(D) and this Petition.
- 6. Petitioner further requests that the Court not issue any mutual protection orders or other orders against Petitioner unless all of the conditions of R.C. 2903.214(E)(3) are met.
- 7. 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. 2903.214(L).
- 8. Petitioner further requests that the Court grant such other relief as the Court considers equitable and fair.
- 9. The following is a list of all present and past court cases involving Respondent, that Petitioner knows of:

CASE NAME	CASE NUMBER	COURT/COUNTY	OUTCOME OF CASE

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

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

Sworn to and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

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

**DO NOT WRITE YOUR ADDRESS BELOW IF YOU ARE REQUESTING CONFIDENTIALITY. PLEASE PROVIDE ANOTHER ADDRESS WHERE YOU CAN RECEIVE NOTICES FROM THE COURT.**

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Signature of Attorney for Petitioner (if applicable)

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Name

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Address

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City, State, Zip Code

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Attorney Registration Number

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Telephone Number

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Fax

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Email

FORM 10-A: PROTECTION ORDER NOTICE TO NCIC

(Required fields appear in bold print)

Initial NCIC Form

Modification of Previous Form

\_\_\_\_\_ of \_\_\_\_\_ Pages

**SUBJECT NAME**

\_\_\_\_\_  
(LAST) (FIRST) (M.I.)

**ADDRESS**

\_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP)

**PHYSICAL DESCRIPTION:**

HGT \_\_\_\_\_ WGT \_\_\_\_\_ HAIR \_\_\_\_\_ EYES \_\_\_\_\_ RACE \_\_\_\_\_ SEX \_\_\_\_\_

**NUMERICAL IDENTIFIER (NOTE: Only ONE of the 4 numerical identifiers is needed.)**

- 1. SSN \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ 2. DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
- 3.\* DRIVER'S LIC. NO. \_\_\_\_\_ STATE \_\_\_\_\_ EXPIRATION YR. \_\_\_\_\_
- 4.\* VEHICLE LIC. NO. \_\_\_\_\_ STATE \_\_\_\_\_ EXPIRATION YR. \_\_\_\_\_ LIC. TYPE \_\_\_\_\_

(\* If #3 or #4 is used as a numerical identifier, entire line MUST be completed.)

**BRADY DISQUALIFIERS:**

(Pursuant to 18 U.S.C. 922(g)(8), a "yes" response to all three Brady questions disqualifies the subject from purchasing or possessing any firearms, including a rifle, pistol, revolver, or ammunition.)

- Does Order protect an intimate partner or child(ren)?  YES  NO
- Did subject have opportunity to participate in hearing regarding Order?  YES  NO
- Does Order find subject a credible threat or explicitly prohibit physical force?  YES  NO

**CASE / ORDER NO.** \_\_\_\_\_ (15 DIGIT MAXIMUM)

**COURT ORIGINATING AGENCY IDENTIFIER** \_\_\_\_\_ (9 DIGIT ORI ASSIGNED BY NCIC)

- R.C. 2903.213  R.C. 2903.214  R.C. 2151.34 NAME OF JUDGE \_\_\_\_\_
- R.C. 2919.26  R.C. 3113.31

**DATE OF ORDER** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **EXPIRATION OF ORDER** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(IN R.C. 2919.26 CASES, "NONEXP" MAY BE USED)

**TERMS AND CONDITIONS OF ORDER (Mark all that are applicable):**

- 01 The subject is restrained from assaulting, threatening, abusing, harassing, following, interfering, or stalking the protected person and/or the child(ren) of the protected person.
- 02 The subject shall not threaten a member of the protected person's family or household.
- 03 The protected person is granted exclusive possession of the residence or household.
- 04 The subject is required to stay away from the residence, property, school, or place of employment of the protected person or other family or household member.
- 05 The subject is restrained from making any communication with the protected person, including but not limited to, personal, written, or telephone contact, or their employer, employees, or fellow workers, or others with whom the communication would be likely to cause annoyance or alarm the victim.
- 06 The subject has visitation or custody rights of the children named in this Order.
- 07 The subject is prohibited from possessing and/or purchasing a firearm or other weapon.
- 08 See the Miscellaneous Field for comments regarding the specific terms and conditions of this Order.

Miscellaneous comments: \_\_\_\_\_

- 09 The protected person is awarded temporary exclusive custody of the children named.

**LIST ALL PROTECTED PERSONS** (Total of 9 allowed, may attach additional forms; SSN is NOT necessary if DOB is given):

**PROTECTED PERSON**

\_\_\_\_\_  
(LAST) (FIRST) (M.I.)  
DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ SSN \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ RACE \_\_\_\_\_ SEX \_\_\_\_\_

**PROTECTED PERSON**

\_\_\_\_\_  
(LAST) (FIRST) (M.I.)  
DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ SSN \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ RACE \_\_\_\_\_ SEX \_\_\_\_\_

**PROTECTED PERSON**

\_\_\_\_\_  
(LAST) (FIRST) (M.I.)  
DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ SSN \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ RACE \_\_\_\_\_ SEX \_\_\_\_\_

**Authorized by (signature):** \_\_\_\_\_ **Date** \_\_\_\_\_

Judge/Magistrate (circle one)

OHP  
DATA  
ONLY  
#EPO

MIS/

**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>RESPONDENT INFORMATION</b>		* Name of Respondent (First, Middle, Last)				
* Social Security Number or ID Number (specify)			Nickname	* Sex	* Race	* Birthdate
Height	Weight	Eye Color	Hair Color	Skin Tone	Build	Relation to Petitioner
Current Address				Home Phone	Interpret Required? Language	
Employer		Employer's Address			<b>WORK</b> Hours: Phone:	
Vehicle License Number		Vehicle Make and Model			Vehicle Color	Vehicle Year

<b>PETITIONER INFORMATION</b>		* Name of Petitioner (First, Middle, Last)				
Current Address			*Birthdate/Age	<b>PHONE</b> Home: Work:		
Contact Name						
Contact Address				Contact Phone		

<b>PERSONS PROTECTED BY THIS ORDER</b>		* (MUST LIST NAME AND DATE OF BIRTH)				
<i>Name / Birthdate / Social Security Number</i>			<i>Name / Birthdate / Social Security Number</i>			
1. (Petitioner)	_____		4. (Child)	_____		
2. (Child)	_____		5. (Other)	_____		
3. (Child)	_____		6. (Other)	_____		

<b>HAZARD INFORMATION</b>	Weapons	Guns/Rifles	Knives	Explosives	Other	Location of Weapons:
Itemize/Explain:						Vehicle <input type="checkbox"/>
						On Person <input type="checkbox"/>
						Residence <input type="checkbox"/>

<b>CURRENT STATUS</b>		<b>Respondent's History Includes:</b>			
Are you and the respondent living together right now?	Yes	No	<input type="checkbox"/> Mental Health Problems (Commitment, Treatment, Suicide Attempt, Other)		
Does the respondent know you are trying to get this order?	Yes	No	<input type="checkbox"/> Assault	<input type="checkbox"/> Assault with Weapons	
Does the respondent know he/she may be moved out of home?	Yes	No	<input type="checkbox"/> Alcohol / Drug Abuse	<input type="checkbox"/> Active Warrant for Arrest	
Is the respondent likely to react violently when served?	Yes	No	(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 (8/10/00)**  
Discard all previous versions of this form