

**SUPERIOR COURT OF THE DISTRICT OF COLUMBIA  
DOMESTIC VIOLENCE DIVISION (202) 879-0157**

\_\_\_\_\_, **Petitioner**  
Your Name (If on behalf of minor child, write “[Your Name]  
OBO [Child’s Name]”)

\_\_\_\_\_  
Your Address (If confidential, request a Confidential Address  
Form)

Substitute  
Address

ASO No: \_\_\_\_\_

**vs.**

\_\_\_\_\_, **Respondent**  
Name of Individual Against Whom You Are Filing

\_\_\_\_\_  
Individual’s Address

**PETITION AND AFFIDAVIT FOR ANTI-STALKING ORDER**

Pursuant to D.C. Code §16-1061 et seq; Petitioner respectfully requests that the court issue an Anti-Stalking Order against Respondent and alleges Respondent has committed the crime of stalking against Petitioner prohibited by D.C. Code §22-3133. In support of this request, Petitioner states Respondent has engaged in at least one occasion of the course of conduct in the 90 days prior to the filing of this petition as described below:

A. On or about \_\_\_\_\_ 20 \_\_\_\_ at approximately \_\_\_\_\_ a.m./p.m.,  
At (location): \_\_\_\_\_  
Respondent \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. On or about \_\_\_\_\_ 20 \_\_\_\_ at approximately \_\_\_\_\_ a.m./p.m.,  
At (location): \_\_\_\_\_  
Respondent \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. On or about \_\_\_\_\_ 20 \_\_\_\_ at approximately \_\_\_\_\_ a.m./p.m.,  
At (location): \_\_\_\_\_  
Respondent \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D. On or about \_\_\_\_\_ 20 \_\_\_\_ at approximately \_\_\_\_\_ a.m./p.m.,  
At (location): \_\_\_\_\_  
Respondent \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ON THE BASIS OF THESE ALLEGATIONS, PETITIONER REQUESTS AN ORDER INCLUDING THE FOLLOWING RELIEF: (Check each form of relief you wish to be awarded by the court)

1.  Ordering Respondent shall not commit or threaten to commit any crimes against me, my children, my animal(s), and destroy my property, and \_\_\_\_\_
2.  Ordering Respondent to stay away  my person;  my work;  my home;  my vehicle from:  
 my children's school/daycare;  my animal(s)  other places I frequent (*describe*);  
 other persons (names): \_\_\_\_\_
3.  Ordering Respondent not to contact me:  by telephone;  in writing;  electronic or social media;  in any other manner directly or indirectly through a third party.
4.  Ordering Respondent to refrain from possessing, controlling, harming or threatening to harm, or otherwise disposing of my animal(s).
5.  Ordering the police to:  accompany me and stand by while I recover my belongings from Respondent;  assist me with service of process upon the Respondent.
6.  Ordering Respondent to reimburse me for my attorney's fees and costs.
7.  Other (*describe*): \_\_\_\_\_
8.  Respondent's actions place the safety or welfare of myself and/or a family member, and/or animal(s) in immediate danger and I request that the court grant me an emergency Temporary Anti-Stalking Order today.

Petitioner further requests any other relief that is appropriate to the effective resolution of this matter, pursuant to D.C. Code §16-1064(c)(7). Petitioner requests that a hearing be set on this matter and that a Notice of Hearing and Order to Appear be issued to Respondent.

Respondent's address:  Residence  Business \_\_\_\_\_

DISTRICT OF COLUMBIA, I, \_\_\_\_\_, swear under the penalty of perjury, that I am the Petitioner, or a person authorized to file on behalf of the Petitioner, named in this case; I have read and understand the Petition and Affidavit; and that the facts stated are true to the best of my knowledge.

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

\_\_\_\_\_  
Petitioner

I am filing on behalf of a minor and am related to them by: blood, adoption, legal custody, marriage, or domestic partnership.

\_\_\_\_\_  
Person authorized to file on behalf of Petitioner

\_\_\_\_\_  
Filer's relationship to Petitioner

**SUPERIOR COURT OF THE DISTRICT OF COLUMBIA  
DOMESTIC VIOLENCE DIVISION  
INFORMATION SHEET**

PLEASE PRINT

DATE \_\_\_\_\_

**PETITIONER'S INFORMATION:**

If your address is CONFIDENTIAL from the respondent, please give a safe address where the court can reach you.

1. NAME \_\_\_\_\_

2. ADDRESS \_\_\_\_\_ apt# \_\_\_\_\_

3. HOME PHONE# \_\_\_\_\_ WORK/CELL \_\_\_\_\_ EMAIL \_\_\_\_\_

4. DATE OF BIRTH \_\_\_\_\_ RACE \_\_\_\_\_ SEX \_\_\_\_\_ HGT. \_\_\_\_\_

WEIGHT \_\_\_\_\_ EYE COLOR \_\_\_\_\_ HAIR COLOR \_\_\_\_\_

Driver's License # (Optional) \_\_\_\_\_ SSN # (Optional) \_\_\_\_\_

5. PLACE OF EMPLOYMENT & ADDRESS \_\_\_\_\_

6. BEST TIME(S) TO CONTACT YOU? \_\_\_\_\_

DID THE POLICE ARREST THE RESPONDENT IN THIS CASE? (check one)    YES    NO

**RESPONDENT'S INFORMATION:**

1. NAME \_\_\_\_\_

2. ADDRESS \_\_\_\_\_ apt # \_\_\_\_\_

3. TELEPHONE # HOME \_\_\_\_\_ WORK \_\_\_\_\_ Cell \_\_\_\_\_

4. DATE OF BIRTH \_\_\_\_\_ RACE \_\_\_\_\_ SEX \_\_\_\_\_ HGT. \_\_\_\_\_

WEIGHT \_\_\_\_\_ EYE COLOR \_\_\_\_\_ HAIR COLOR \_\_\_\_\_

Driver's License # (Optional) \_\_\_\_\_ SSN # (Optional) \_\_\_\_\_

5. PLACE OF EMPLOYMENT & ADDRESS \_\_\_\_\_

• When is the best time to serve the other party \_\_\_\_\_ ( am / pm )  
(When are they there?)

• Other address to serve the other party \_\_\_\_\_

**METROPOLITAN POLICE DEPARTMENT CPO/TPO UNIT  
RESPONDENT DESCRIPTION SHEET**

**Petitioner's Name:** \_\_\_\_\_

**Case No.:** \_\_\_\_\_

If you would like MPD to serve your order, please complete as much information as known. If unknown please write UNKNOWN. If not applicable, please write N/A.

**Respondent's Information**

**Respondent's Name:** \_\_\_\_\_ **Nickname / Alias:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Social Security #:** \_\_\_\_\_

**Sex:** \_\_\_\_\_ **Race:** \_\_\_\_\_ **Complexion:** \_\_\_\_\_ **Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_

**Hair Style/Color:** \_\_\_\_\_ **Eye Color:** \_\_\_\_\_ **Primary Language:** \_\_\_\_\_

**Scars/Tattoo or other unique features:** \_\_\_\_\_

**Home or Primary Address:** \_\_\_\_\_ **Apt. #:** \_\_\_\_\_

**Apartment Complex or Community:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Home Phone #:** \_\_\_\_\_ **Cell Phone #:** \_\_\_\_\_

**Best time to serve respondent at home or work?** \_\_\_\_\_ **am / pm**

**Other locations or hangouts for respondent:** \_\_\_\_\_

**Work Address:** \_\_\_\_\_

**Name of Business:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Work Phone #:** \_\_\_\_\_ **Days Off:** \_\_\_\_\_

**Vehicle Information:**

**Make:** \_\_\_\_\_ **Model:** \_\_\_\_\_ **Color:** \_\_\_\_\_ **Tag #:** \_\_\_\_\_

**Weapons:** If respondent is known to carry weapons, please describe:

**Type:** \_\_\_\_\_ (firearm / knife) **Model:** \_\_\_\_\_ **Color:** \_\_\_\_\_

**Location of where weapon is kept:** ( On Person / Inside Vehicle / Inside House ) (circle)

**CONFIDENTIAL PETITIONER INFORMATION: THIS INFORMATION IS FOR MPD USE ONLY!!!**

MPD CPO/TPO Unit will only contact you in the event that additional information is required to serve, i.e., information or questions not on this sheet.

**Petitioner's contact numbers:** \_\_\_\_\_ **Home** (No message will be left)  
\_\_\_\_\_ **Work** ( No message will be left)  
\_\_\_\_\_ **Cell** (Is message ok? Yes\_\_\_ No\_\_\_)

**Alternate Contact Person Name:** \_\_\_\_\_ **Number:** \_\_\_\_\_

**Advocate's Name:** \_\_\_\_\_ **Number:** \_\_\_\_\_

**THIS INFORMATION WILL REMAIN CONFIDENTIAL AT ALL TIMES**

**Clerk's Office Box:**

**Bench Warrant on file?** Yes  No  **PDID:** \_\_\_\_\_ **Photo Available** Yes  No

**Was an Alternative Service Package Given to Petitioner?** Yes  No