



SUPERIOR COURT OF THE DISTRICT OF COLUMBIA
Domestic Violence Division
500 Indiana Avenue, NW, Room 4510, Washington, D.C. 20001
(202) 879-0157

_____, **Petitioner**
 Your Name

CASE No: _____

vs.

_____, **Respondent**
 Name of Person You Are Filing Against

PETITION FOR EXTREME RISK PROTECTION ORDER

Petitioner, _____, respectfully requests that the court issue an
 (Your name)

Extreme Risk Protection Order (ERPO) against respondent, _____,
 (Name of person you are filing against)

because s/he poses a significant danger of causing bodily injury to: Himself/Herself; Me;

or Others (specify): _____.

I. INFORMATION ABOUT PETITIONER

Petitioner's relationship to respondent:

- Have a child in common; Marriage; Blood; Adoption; Guardianship;
- Domestic Partnership; Cohabiting; Romantic/dating/sexual relationship; **OR**
- Sworn Member of the Metropolitan Police Department; **OR**
- Mental Health Professional as defined in D.C. Code § 7-1201.01(11).

II. INFORMATION ABOUT RESPONDENT

(a) Address where respondent resides/lives (street address, city, and state):

(b) Address where respondent works:

IV. DESCRIPTION OF RESPONDENT’S FIREARM(S), AMMUNITION, LICENSE(S), AND/OR CERTIFICATE(S)

(a) Respondent currently possesses the following firearm(s) and/or ammunition:
Please provide as much information as possible – the type and amount of the items and the location/address where they can be found, if known.

Type of Firearm(s) or Ammunition (if known)	Quantity	Specific address and location of firearm(s) and ammunition. <i>For example: 123 D St. NE, Apt. C Washington, D.C. Top left drawer of dresser in smallest bedroom.</i>
<input type="checkbox"/> Handgun(s)		
<input type="checkbox"/> Shotgun(s)		
<input type="checkbox"/> Rifle(s)		
<input type="checkbox"/> Assault Weapon(s)		
<input type="checkbox"/> Ammunition		

(b) Respondent currently possesses the following license(s) and/or certificate(s):

- I am not aware of any license(s) or certificate(s)
- Concealed Pistol License(s) (please include number if available): _____
- Registration Certificate(s) (please include numbers if available): _____
- Firearms Dealers License(s) (please include number if available): _____
- Other: _____

Specific address(es) and location(s) at address(es) where documents can be found:

V. REQUEST FOR SAME-DAY HEARING

Respondent poses a significant danger of causing bodily injury to self or others, and I request that the court grant me an Ex Parte Extreme Risk Protection Order today that will be in effect for up to 14 days.

VI. REQUEST FOR SEARCH WARRANT

I request that a search warrant be issued.

DISTRICT OF COLUMBIA, I, _____, being duly
(Print your name)

sworn, state that I am the Petitioner named in this case; that I have read and understand the

Petition; and that the facts stated are true to the best of my knowledge.

Date: _____

Petitioner
(Do not sign until instructed to do so)

Deputy Clerk

**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 _____