

**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