

**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

**CPO No:** \_\_\_\_\_

**vs.**

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

\_\_\_\_\_  
Individual’s Address

**PETITION AND AFFIDAVIT FOR CIVIL PROTECTION ORDER**

Pursuant to D.C. Code Section 16-1001 *et seq.*; Petitioner respectfully requests that the court issue a Civil Protection Order against Respondent. In support of this request, Petitioner states:

1. Petitioner is related to Respondent by:

- Blood;  Adoption;  Legal Custody;  Marriage;  Having a Child in Common;  Being the Child of an Intimate Partner  Domestic Partnership;  Sharing residence within this past year and maintaining close relationship;  Sex trafficking of children;  Sexual Assault;  Trafficking in labor or commercial sex acts;  Is, was, or is seeking to be in a Romantic/Dating/Sexual Relationship;  Other (explain) \_\_\_\_\_

2. Do you reside, live, work or attend school in the District of Columbia?  Yes  No

3. Did any incident described below occur in the District of Columbia?  Yes  No

4. Respondent committed or threatened to commit an act punishable as a criminal offense against Petitioner within the meaning of D.C. Code Section 16-1001 *et seq.*, by: *(Please describe any such acts, including physical assaults like hitting, punching, shoving or kicking; threats to do harm, or destruction of property).*

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 not to commit or threaten to commit any crimes against me, my children, my animal(s), and \_\_\_\_\_
2.  Ordering Respondent to stay away from:  my person;  my work;  my home;  my vehicle  
 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.  Awarding me temporary custody of the minor child(ren), named below.  
(*state name and date of birth of each child AND bring birth certificates to court hearing*)  
\_\_\_\_\_

**IF YOU ARE SEEKING CUSTODY, PLEASE COMPLETE QUESTIONS 4a – 4e:**

- 4a. The children's current address is (*You do not have to reveal this information if doing so will put you in danger*):  
\_\_\_\_\_  
\_\_\_\_\_
- 4b. Over the past five years the children have lived at the following other addresses (if any):  
\_\_\_\_\_
- 4c. Names and addresses of the people the children have lived with during the past five years:  
\_\_\_\_\_
- 4d. Have you participated in or do you know of any ***other court cases concerning custody*** of these children?  
 yes  no If your answer is "yes" please indicate where the case(s) was/were filed:  
\_\_\_\_\_
- 4e. Do you know of any other person other than yourself and Respondent who claims to have custody of the children?  
 yes  no If "yes", who? \_\_\_\_\_
5.  Awarding Respondent visitation with the child(ren) if Respondent shows that the child(ren) and I can be adequately protected from harm by the Respondent.
6.  Ordering Respondent to pay child support for the above minor children, in an amount in accordance with the D.C. Child Support Guideline, through the Court Registry.

To the best of my knowledge, Respondent's annual gross income equals or exceeds \$\_\_\_\_\_.  
(*Bring any proof of your own AND respondent's income to the court hearing, including 2 recent pay stubs, tax returns for the past two years or a completed financial statement. Also, bring proof of any other child support orders that affect you or the Respondent*).

**IF YOU ARE SEEKING CHILD SUPPORT, PLEASE COMPLETE QUESTIONS 6a – 6d:**

- 6a. Has a paternity and /or child support case already been filed regarding any of the above-listed children?  
 yes  no If “yes”, please indicate where the case was filed, the case number, and the outcome, if any: \_\_\_\_\_
- 6b. Are you or your children currently receiving public assistance?  yes  no
- 6c. Is Respondent currently employed?  yes  no  Don't Know
- 6d. Do any of the children have special costs? (*e.g., tuition, daycare, medical insurance, medical costs; please specify*) \_\_\_\_\_
7.  Ordering Respondent to vacate my home, which:  
 I rent/own by myself;  we rent/own together;  I rent/own with someone other than Respondent  
(*Bring lease/deed to court hearing*)
8.  Ordering Respondent to provide me with financial assistance and/or spousal support to pay my rent/mortgage/bills or other expenses.
9.  Awarding possession and use of the following jointly owned property to Petitioner:  
\_\_\_\_\_  
\_\_\_\_\_
10.  Awarding ownership, possession, or control of the following animal(s):  
\_\_\_\_\_
11.  Ordering Respondent to refrain from possessing, controlling, harming or threatening to harm, or otherwise disposing of my animal(s).
12.  Ordering Respondent not to remove me and/or my children from their health insurance policy.
13.  Ordering Respondent to reimburse me for medical costs, property damage, or other expenses I have incurred due to Respondent's actions (*Bring medical bills, receipts, invoices, or estimates to hearing*).  
Damaged property includes  
(*describe*): \_\_\_\_\_
14.  Ordering Respondent to enroll in and complete an appropriate counseling program for:  
 alcohol abuse;  drug abuse;  domestic violence;  parenting;  family violence  
 other (*describe*): \_\_\_\_\_
15.  Ordering the police to:  stand by while Respondent vacates my home;  make sure Respondent turns over my keys;  accompany me and stand by while I recover my belongings from Respondent;  assist me with service of process upon the Respondent.
16.  Ordering Respondent to reimburse me for my attorney's fees and costs.
17.  Other (*describe*): \_\_\_\_\_
18.  Respondent's actions place the safety or welfare of myself, and/or animal(s) I own, possess, or control, in immediate danger and I request that the court grant me an emergency Temporary Protection Order today.

Petitioner further requests any other relief that is appropriate to the effective resolution of this matter, pursuant to D.C. Code §16-1005(c)(11). 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