

IN THE COURT OF COMMON PLEAS OF GREENE COUNTY, OHIO  
DOMESTIC RELATIONS DIVISION

Petitioner \_\_\_\_\_ : Case No. \_\_\_\_\_

\_\_\_\_\_ :

Address (Safe mailing address) \_\_\_\_\_ : Judge Martin

City, State, Zip Code \_\_\_\_\_ :

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

v.

:  PETITION FOR CIVIL STALKING PROTECTION ORDER (R.C. 2903.214)

Respondent \_\_\_\_\_

:  PETITION FOR CIVIL SEXUALLY ORIENTED OFFENSE PROTECTION ORDER (R.C. 2903.214)

Address (If home address unknown, may be work address) \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Respondent is 18 years old or older

**IF YOU ARE ASKING YOUR ADDRESS TO BE KEPT CONFIDENTIAL, PLEASE PUT A MAILING ADDRESS WHERE YOU CAN SAFELY RECEIVE MAIL. IF YOU ARE A PARTICIPANT IN THE SECRETARY OF STATE'S ADDRESS CONFIDENTIALITY PROGRAM, PLEASE USE THE P.O. BOX ADDRESS GIVEN TO YOU. THIS FORM IS A PUBLIC RECORD.**

1. I need or a witness needs a foreign language interpreter in \_\_\_\_\_ or an American Sign Language interpreter per Sup.R. 88.

2. I  want  do not want an **ex parte (emergency) protection order** per R.C. 2903.214(D). Petitioner further requests a full hearing trial be scheduled, even if the *ex-parte* protection order is granted, denied, or not requested.

3. Who needs protection?

- Me
- My minor children
- A family or household member who is not a minor child
- Other \_\_\_\_\_

4. I have listed below all family or household members who need protection, other than me or the person for whom I am filing the Petition. (Leave blank if you are **not** including other family or household members.)

NAME	DATE OF BIRTH	RELATIONSHIP TO PETITIONER	LIVES WITH PETITIONER
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

5. Petitioner requests a **Civil Stalking Protection Order**.

You **must** describe two or more incidents closely related in time that made you believe that Respondent will cause you physical harm or cause (or has caused) you mental distress. When did they happen (if you do not know exact dates, give approximate dates)?

**If you need more space, attach an additional page.**

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6. Petitioner requests a **Civil Sexually Oriented Offense Protection Order**.

You **must** describe what Respondent did to you or the persons named in this Petition as fully as possible. You do not need to prove a pattern of conduct. One act may be enough.

**If you need more space, attach an additional page.**

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

- (a) Directs Respondent to not abuse Petitioner and persons 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) Directs Respondent to not enter the residence, school, business, place of employment, child care providers, or day care centers of Petitioner and persons named in this Petition, including the buildings, grounds, and parking lots at those locations.
- (c) Directs Respondent not to interfere with Petitioner's right to occupy the residence including, but not limited to canceling any utilities or insurance or interrupting phone service, mail delivery, or the delivery of any other documents or items.

- (d) Directs Respondent not to remove, damage, hide, or dispose of any property, companion animals, or pets owned or possessed by Petitioner and persons named in this Petition.
- (e) Grants Petitioner permission to take Petitioner's companion animals or pets, as described below, away from the possession of Respondent.
- (f) Directs Respondent not to possess, use, carry, or obtain any deadly weapon, firearms, and ammunition.
- (g) Directs Respondent to be electronically monitored, because Respondent's conduct, as explained below, puts the health, welfare, or safety of Petitioner and the persons named in this Petition at risk. Also, as explained below, Respondent continues to present a danger to Petitioner and the persons named in this Petition. **If you need more space, attach an additional page.**

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- (h) Includes the following additional provisions:

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- 8. 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.
- 9. 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).
- 10. Petitioner further requests that the Court grant such other relief designed to ensure the safety and protection of Petitioner and persons named in this Petition.
- 11. Petitioner has listed court cases (including divorce, custody, visitation, children service case; pending criminal case or conviction for felonious assault, aggravated assault, assault, aggravated menacing, menacing by stalking, menacing, aggravated trespass; animal cruelty; sexually oriented offenses; no contact order; stay away order, and other protection order) and other legal matters involving Respondent, that may relate to this case: **(If you need more space, attach an additional page.)**

CASE NAME	CASE NUMBER	COURT/COUNTY	RESULT OF CASE

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

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

\_\_\_\_\_  
DATE

**IF YOU DO NOT HAVE A LAWYER, PLEASE LEAVE THE INFORMATION BELOW BLANK.**

\_\_\_\_\_  
Signature of Petitioner's Attorney

\_\_\_\_\_  
Attorney's Registration Number

\_\_\_\_\_  
Name of Attorney

\_\_\_\_\_  
Attorney's Telephone

\_\_\_\_\_  
Attorney's Address

\_\_\_\_\_  
Attorney's Fax

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Attorney's Email