

**PETITION FOR SEXUAL VIOLENCE
PROTECTION ORDER**

IN THE COURT OF COMMON PLEAS OF
YORK COUNTY, PENNSYLVANIA
NO.

1. PLAINTIFF

--	--	--	--

First Middle Last Plaintiff DOB

Plaintiff's Address:

Plaintiff's address is confidential or Plaintiff's address is: _____

2. DEFENDANT

--	--	--	--

First Middle Last Suffix

Defendant's Address:

CAUTION:

- Weapon Involved**
 Weapon Present on the Property

DEFENDANT IDENTIFIERS			
DOB		HEIGHT	
SEX		WEIGHT	
RACE		EYES	
HAIR			
SSN			
DRIVERS LICENSE #			
EXP DATE		STATE	

Defendant's Place of employment
is: _____

3. I am filing this Petition on behalf of: Myself and/or Another Person

If you checked "myself", please answer all questions referring to yourself as "Plaintiff". If you ONLY checked "another person", please answer all questions referring to that person as the "Plaintiff", and provide your name and address here, as filer, unless confidential.

Filer's Name:

--	--	--	--

First Middle Last Suffix

Filer's Address is Confidential or Filer's address is: _____

If you checked "Another Person", indicate relationship with Filer:

- parent of minor Plaintiff(s) adult household member of minor Plaintiff(s)
 applicant for appointment as guardian ad litem court appointed guardian of incompetent Plaintiff(s)
of minor Plaintiff(s)

Check here if defendant is 17 years old or younger.

4. Name(s) of all persons, including minor child/ren for whom protection is sought:

Name:

DOB:

5. Is there a relationship between Plaintiff and Defendant? Yes No

If you answered Yes, what is the relationship? _____

6. Have Plaintiff and Defendant been involved in any other court actions? Yes No

If you answered Yes, state when and where the case was filed and the court number, if known:

7. Has the Defendant been involved in any criminal court action? Yes No

If you answered Yes, is the defendant currently on probation or parole? Yes No

8. The facts of the most recent incident of sexual violence are as follows:

Approximate Date: _____

Approximate Time: _____

Place: _____

Describe in detail what happened, including any physical or sexual abuse, threats, injury, incidents of unwanted contact, medical treatment sought and/or calls to law enforcement. (attach additional sheets of paper if necessary):

10. Identify the sheriff, police department or law enforcement agency in the area in which Plaintiff lives that should be provided with a copy of the protection order: _____

11. Is there an immediate and present danger of further sexual violence from Defendant? Yes No

If you answered Yes, please describe:

FOR THE REASONS SET FORTH ABOVE, I REQUEST THAT THE COURT ENTER A TEMPORARY ORDER, AND AFTER HEARING, A FINAL ORDER THAT WOULD DO THE FOLLOWING (CHECK ALL FORMS OF RELIEF REQUESTED)

- A. Restrain Defendant from having any contact with the victim, including, but not limited to, restraining the defendant from entering the victim's residence, place of employment, business or school.
- B. Prohibiting indirect contact through third parties.
- C. Prohibiting direct or indirect contact with other designated persons
- D. Order Defendant to pay the costs of this action, including filing and service fees.
- E. Order the following additional relief, not listed above:

F. Grant such other relief as Plaintiff requests and/or the court deems appropriate.

G. Order the police, sheriff or other law enforcement agency to serve the Defendant with a copy of this petition, any order issued, and the order for hearing. Plaintiff will inform the designated authority of any addresses, other than the Defendant's residence, where Defendant can be served.

VERIFICATION

I verify that neither I, nor any other person for whom protection is sought within this petition, has a relationship to the defendant that meets the definition of family or household member (spouses or persons who have been spouses, persons living as spouses or who lived as spouses, parents and children, other persons related by consanguinity or affinity, current or former sexual or intimate partners or persons who share biological parenthood).

I verify that I am the petitioner as designated in the present action and that the facts and statements contained in the above Petition are true and correct to the best of my knowledge. I understand that any false statements are made subject to the Penalties of 18 Pa. C.S.A. §4904, relating to unsworn falsification to authorities

Signature

Date

