

COURTS OF ARIZONA - NAME OF COURT **Street Address** **City, State, Zip Code** **Phone Number**

Plaintiff	Defendant	PETITION FOR ORDER OF PROTECTION MODIFIED
Date of Birth	Address	
	City, State, Zip Code	
	Telephone	
	Case Number	

NOTE: FEES MAY BE WAIVED OR DEFERRED IF YOU ARE UNABLE TO PAY

DO NOT FILL OUT ADDRESSES AND/OR PHONE NUMBERS BELOW IF YOU WANT THEM KEPT PRIVATE

1. Is an action for maternity, paternity, annulment, legal separation or dissolution of marriage (divorce) now pending? No Yes:
 Case Number (if known): _____ Where: _____

2. My (Plaintiff's or child(ren)'s) relationship to the Defendant is (check all that apply):
 Married: Date of marriage: _____
 Divorced: Date divorce granted: _____
 Living together now or in the past
 Opposite sex living together now or in the past
 One of us is pregnant by the other or we have a child in common
 Defendant is related to me: How? _____

3. Have either of you been charged or arrested for domestic violence OR requested an Order of Protection or Injunction Against Harassment against the other? No Yes: If known: date, name of court, facts of case:

4. For the Court to issue an Order, the Defendant must have committed, or may commit, an act of domestic violence or some other good reason must exist. (Previous acts of domestic violence must have occurred within the past year unless the Defendant was in jail or prison or out of state.) Describe what the Defendant did or might do, including whether you fear bodily injury or death. Be as specific as possible, giving the date or approximate date for each action.

Date(s)	Describe what happened

DESCRIPTION OF DEFENDANT

SEX	RACE	DATE OF BIRTH	HEIGHT	WEIGHT	EYES	HAIR	SOC. SEC. NO.

5. I ask this Court to order the Defendant not to commit an act of "domestic violence" against me and/or persons named below and/or against my property AND make the following Order(s) (check which Orders you want):
- Waive or defer any fees.
 - Order the Defendant not to possess and/or purchase firearms and/or ammunition.
 - Order the Defendant to surrender firearms and/or ammunition.
 - Order the Defendant to participate in domestic violence counseling or other counseling.
 - Order the Defendant not to contact me: in person; by phone; in writing; _____.

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The following persons should be included within the protection of this Order for the following reasons:

Name and Address if different than yours (do not include yourself)	Relationship to you	D.O.B.	Reason(s)
Name:			
Address:			
City/State/Zip:			
Name:			
Address:			
City/State/Zip:			
Name:			
Address:			
City/State/Zip:			

- Keep my address private. (Do not check this box if the Defendant knows where you live.)
- Order the Defendant not to come on or near (LEAVE YOUR RESIDENCE ADDRESS BLANK IF BOX ABOVE IS CHECKED):
 - My residence at: _____
 - My place of employment (Name and Address): _____
 - Does the Defendant also work there? Yes No
 - School (Name and Address): _____
- Other address: _____
- Order that I be given the exclusive use of our residence (write address only if different from above):

- Other requests: _____

My Signature

Date

Attorney's Signature

Date

VERIFICATION

I swear or affirm that the contents of this Petition are true to the best of my knowledge.

Plaintiff or Third Party

Date

SUBSCRIBED AND SWORN to before me on

Judicial Officer/Clerk/Notary

Date