

CLARKDALE MAGISTRATE COURT
 49 N. 9th St., P.O. Box 308, Clarkdale, AZ 86324 (928)649-7730

NCIC# AZ013021J DPS# 1348

Plaintiff / Plaintiff Employer (Work Injunction ONLY) Birth Date: _____	Defendant _____ Address _____ City, State, Zip Code, Phone _____	Case No. _____ <p style="text-align: center;">PETITION for</p> <input type="checkbox"/> Order of Protection <input type="checkbox"/> Injunction Against Harassment <input type="checkbox"/> Workplace Injunction
Agent's Name (Work Injunction ONLY)		

DIRECTIONS: Please read the Plaintiff's Guide Sheet before filling out this form.

1. Defendant/Plaintiff Relationship: Married now or in the past Live together now or lived together in the past,
 Child in common One of us pregnant by the other Related (Parent, In-law, Brother, Sister or Grandparent)
 Dating-never lived together
 Other: _____

2. If checked, there is a pending action involving maternity, paternity, annulment, legal separation, dissolution, custody, parenting time or support in _____ Superior Court,
 Case #: _____ (COUNTY)

3. Have you or the Defendant been charged or arrested for domestic violence OR requested a Protective Order?
 Yes No Not sure
 If yes or not sure, explain: _____

4. I need a Court Order because: (PRINT both the date(s) and briefly what happened):

Date(s)	Describe what happened (Attach additional paper if necessary – Do not write on back)

Case No. _____

5. The following persons should also be on this Order. As stated in number 4, the Defendant is a danger to them:

_____ (____/____/____)	_____ (____/____/____)
Birth Date	Birth Date
_____ (____/____/____)	_____ (____/____/____)
Birth Date	Birth Date

6. Defendant should be ordered to stay away from these locations, at all times, even when I am not present:

Home _____

Work _____

School/Others _____

7. If checked, because of the risk of harm, order the defendant NOT to possess firearms or ammunition.

8. If checked, request an order for the Defendant to participate in domestic violence counseling or other counseling.

9. Other: _____

Under penalty of perjury, I swear or affirm the above statements are true to the best of my knowledge, and I request an Order / Injunction granting relief as allowed by law.

Plaintiff

Attest: _____ /____/____
Judicial Officer/ Clerk / Notary Date