FLAGSTAFF JUSTICE COURT AZ003013J/JP0301 200 N. SAN FRANCISCO ST. FLAGSTAFF, AZ 86001 928-679-7650

Plaintiff / Plaintiff Employer (Work Injunction ONLY) Birth Date:_____	**Defendant** _____ Address	**Case No.** _____ **PETITION for** [ ] **Order of Protection** [ ] **Injunction Against Harassment** [ ] **Workplace Injunction**
Agent's Name (Work Injunction ONLY)	City, State, Zip Code, Phone	

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) [ ] Romantic or sexual relationship (current or previous) [ ] Dating but not a romantic or sexual relationship
   [ ] 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.

_____ Attest: _____ ___/___/_____
Plaintiff Judicial Officer/ Clerk / Notary Date