

**IN THE HELENA MUNICIPAL COURT  
STATE OF MONTANA  
COUNTY OF LEWIS AND CLARK  
BEFORE ROBERT WOOD MUNICIPAL JUDGE**

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	)	
	)	Cause No. _____
Petitioner,	)	
	)	
v.	)	<b>SWORN PETITION FOR</b>
	)	<b>TEMPORARY</b>
	)	<b>ORDER OF PROTECTION</b>
	)	<b>AND REQUEST FOR HEARING</b>
Respondent.	)	

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The law requires that Respondent be given a copy of this completed form and all attachments.

1. **Request for Temporary Order of Protection.** Under oath and as provided by Mont. Code Ann. § 40-15-201, I request that the Court issue a Temporary Order of Protection against Respondent. I believe I am in danger of harm if the court does not issue a Temporary Order of Protection immediately.
  
2. **Protected Person/s.** I am seeking an Order of Protection for (*check all that apply*):
  - Myself
  - The following minor child/ren:

Child/ren	Age	How child is related to:		Who does child live with?
		You	Respondent	

3. **Residence.** I live or am staying in the City of \_\_\_\_\_,  
 County of \_\_\_\_\_, State of \_\_\_\_\_.  
 The Respondent lives in the City of \_\_\_\_\_,  
 County of \_\_\_\_\_, State of \_\_\_\_\_.  
 The abuse happened in the City of \_\_\_\_\_,  
 County of \_\_\_\_\_, State of \_\_\_\_\_.

(Check all that apply).

- The Respondent does not live with me.
- I live with the Respondent at \_\_\_\_\_
- I have left a residence where I lived with the Respondent. I want to return:
  - to live at that residence
  - to get personal belongings
  - other (describe): \_\_\_\_\_
- A business is run from the home.  
 Type of business (describe): \_\_\_\_\_  
 The business is run by:  me  Respondent  both me and Respondent

4. **Relationship.** (Please check all that apply to the relationship between the Respondent (the person you want restrained) and you or the person(s) for whom you are seeking protection)

I (or the person I want protected) have/has a relationship with Respondent as follows:

- We are married
- We were married, but are now separated
- We are divorced
- We are currently dating or having an ongoing intimate relationship
- We live together
- We have lived together in the past
- We have a child and/or children together
- I am a family member or a former family member of Respondent. Respondent is my:
  - Mother  Father  Sister  Brother  Son  Daughter
  - Aunt  Uncle  Cousin  Niece  Nephew
  - Sister-in-Law  Brother-in-Law  Father-in-Law  Mother-in-Law
  - Other: Please Explain: \_\_\_\_\_
- We dated or had an ongoing intimate relationship in the past
- We have no relationship

If no relationship, please explain how you know the Respondent: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

If a dating relationship, please describe:

Nature of relationship \_\_\_\_\_

Length of time of the dating relationship \_\_\_\_\_

How often saw each other \_\_\_\_\_

Time since relationship ended \_\_\_\_\_

Victim of Sexual Assault/ Stalking/ Other: *(describe how you know Respondent)*

I am the parent, guardian or other person supervising the welfare of a child less than 16 years of age and request that Respondent, who is a person over 18 years of age and who has no legal right of supervision or control over the child, to stop contacting the child because I believe that the contact is not in the child's best interests as set forth in MCA § 45-5-622 (4).

**5. Information about the violence.** Please explain what the Respondent did to you (and/or the person you want protected). Be specific. Write down places and dates as well as you can remember. It does not matter when the abuse happened or whether you reported it to the police. But you must tell the judge why you are afraid now.

**A. RECENT ABUSE**

Date of the most recent abuse: \_\_\_\_\_

Who was there? \_\_\_\_\_

Where did it take place? \_\_\_\_\_

What did the Respondent do or say that made you (and/or the person you want protected) afraid? \_\_\_\_\_

Did the Respondent use or threaten to use a gun or other weapon?

Yes  No. If yes, list how: \_\_\_\_\_

Describe, in detail, what happened and any injuries: \_\_\_\_\_



**6. Firearms** *(Check all that apply)*

To the best of your knowledge, does Respondent currently possess firearms?

No  Yes

If yes, where are the firearms located? \_\_\_\_\_

\_\_\_\_\_

**7. Other Court Cases involving yourself and the Respondent.** *(Check all that apply).*

No other court cases exist between me and the Respondent.

A divorce, legal separation or custody case (parenting plan) between me (and/or the person I want protected) and Respondent has been filed in \_\_\_\_\_ County, State of \_\_\_\_\_

Is the family law case listed above still pending?  Yes  No

Did the Court issue a parenting plan?  Yes  No

A criminal charge of \_\_\_\_\_ was  filed against me or  filed against the Respondent in \_\_\_\_\_ Court in \_\_\_\_\_ County, State of \_\_\_\_\_

List any other cases between you (and/or the person you want protected) or Respondent are or have been involved in: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I ask the Court to Order the Following:**

1.  Respondent shall not commit or threaten to commit acts of violence, against me (and/or the person I want protected) and the following people including family members:

\_\_\_\_\_

\_\_\_\_\_

2.  Respondent shall not assault, threaten, abuse, follow, stalk harass, annoy, disturb the peace of, telephone, email, contact, or otherwise communicate, directly or indirectly, with me (or the person I want protected), and the following family members, other victims of the abuse, or witnesses to the abuse:

\_\_\_\_\_

\_\_\_\_\_

3.  Respondent shall not take the following child/ren out of this County or State:

\_\_\_\_\_

\_\_\_\_\_

4.  (List the distance, up to 1500 feet, that you want Respondent to stay away from you and/or the person you want protected and the places you check below). **Please include names and physical addresses for all places listed below (daycare providers, schools, and business name of your place of employment).**

Respondent shall stay at least \_\_\_\_\_ feet from:

Me (Petitioner) \_\_\_\_\_

Minor child/ren \_\_\_\_\_

My home (if you want the location of your home to be secret, do not list) \_\_\_\_\_

My job or workplace: \_\_\_\_\_

My vehicle: \_\_\_\_\_

The child/ren's school and/or child care: \_\_\_\_\_

Other places (describe): \_\_\_\_\_

5.  Respondent used or threatened me with firearms. Respondent shall not possess these firearms (*describe*): \_\_\_\_\_

6.  Respondent shall not take, hide, sell, damage or dispose of property belonging to me (and/or the person who I want protected) or Respondent or both of us.

7.  Respondent shall give me (or the person I want protected) possession or use of the following items (items may include the residence, automobile and other essential personal property no matter who owns it): \_\_\_\_\_

8.  I (and/or the person I want protected) need a peace officer to help get possession of the property listed in Number 7, or I request that a peace officer come with Respondent when picking up his/her property or belongings.

9.  The Court should order Respondent to complete violence counseling, which may include alcohol or chemical dependency counseling or treatment, if appropriate.

10.  The Court should order the following to provide for the safety and welfare of me and/or the person I want protected, and family:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Parenting of Child/ren

**Note:** Justice and City and Municipal Courts can protect minor children by listing them on the Order of Protection. Although these courts can provide short term visitation plans, they cannot make parenting plans. If you need a parenting plan, you need to file an action in your local District or Tribal Court.

*(Choose one)*

- Parenting of children does not apply in this case.
- The protections I have asked for in Paragraph 2 will keep Respondent away from the children. Therefore a visitation schedule is unnecessary.
- I want the children listed in Appendix A to have parenting time with Respondent. I am attaching Appendix A that says what visitation schedule I want. *(Fill in and attach Appendix A).*

12. Other Relief: The Court should order other protection as it deems just and proper.

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**I SWEAR UNDER OATH OR AFFIRM I HAVE READ THIS APPLICATION, OR HAVE HAD IT READ TO ME, AND THE FACTS STATED IN THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I ALSO UNDERSTAND THAT PROVIDING FALSE INFORMATION IS A CRIME.**

Date: \_\_\_\_\_ Signed: \_\_\_\_\_  
Petitioner

**JUDGE'S SIGNATURE**

STATE OF MONTANA     )  
  : ss.  
County of Lewis and Clark)

SUBSCRIBED AND SWORN to before me this \_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Municipal Court Judge

The petition for an order of Protection is Denied on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Municipal Court Judge

**APPENDIX A**

In this form, you will tell the Judge how the temporary visitation will take place under safe and peaceful conditions. You must have a very good reason before the Judge will deny the Respondent visitation. The visitation schedule will be temporary. For permanent parenting arrangements, you must file an action with your local District or Tribal Court.

Parenting schedules generally include:

- visits that take place on a regular basis
- visits that vary in length depending on the ages and needs of the children.

Children (*List all children, whether or not you have asked that they be protected by the Order of Protection*):

Children	Date of Birth	How child is related to You	Respondent	Who does child live with?	State(s) where child lived in the last 6 months?

CHECK the visitation option that you want.

I request the following visitation schedule:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Supervised visits (*List why, and supervised by whom*): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Neutral drop off and pick up location: \_\_\_\_\_

Transportation provided by: \_\_\_\_\_

I request the Respondent have no visitation with the children because: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# PETITIONER'S INFORMATION

## \*FOR OFFICIAL USE ONLY!\*

IF THIS ORDER OF PROTECTION IS GRANTED, THE COURT IS REQUIRED TO PROVIDE SPECIFIC INFORMATION TO LAW ENFORCEMENT. THAT INFORMATION IS ENTERED INTO THE NATIONAL CRIME INFORMATION CENTER (NCIC) FOR YOUR PROTECTION. IN ORDER TO ENTER YOUR ORDER OF PROTECTION IN NCIC, THE FOLLOWING PERSONAL IDENTIFIERS MUST BE PROVIDED: **(please write legibly to ensure accuracy of information)**

FULL NAME OF PETITIONER: \_\_\_\_\_  
FIRST MIDDLE LAST

HOME ADDRESS: \_\_\_\_\_

OR ADDRESS YOU ARE STAYING AT: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_ CELL PHONE NUMBER: \_\_\_\_\_

WORK NUMBER: \_\_\_\_\_ MESSAGE NUMBER: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

DRIVER'S LICENSE NUMBER: \_\_\_\_\_ STATE: \_\_\_\_\_

MALE [ ] FEMALE [ ] RACE: \_\_\_\_\_

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

HAIR COLOR: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_

# RESPONDENT'S INFORMATION

## \*FOR OFFICIAL USE ONLY!\*

IF THIS ORDER OF PROTECTION IS GRANTED, THE COURT IS REQUIRED TO PROVIDE SPECIFIC INFORMATION TO LAW ENFORCEMENT. THAT INFORMATION IS ENTERED INTO THE NATIONAL CRIME INFORMATION CENTER (NCIC) FOR YOUR PROTECTION. IN ORDER TO ENTER YOUR ORDER OF PROTECTION IN NCIC, THE FOLLOWING PERSONAL IDENTIFIERS MUST BE PROVIDED: **(please write legibly to ensure accuracy of information)**

FULL NAME OF RESPONDENT: \_\_\_\_\_  
FIRST MIDDLE LAST

HOME ADDRESS: \_\_\_\_\_

OR ADDRESS THEY MAY BE STAYING AT: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_ CELL PHONE NUMBER: \_\_\_\_\_

WORK NUMBER: \_\_\_\_\_ MESSAGE NUMBER: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

DRIVER'S LICENSE NUMBER: \_\_\_\_\_ STATE: \_\_\_\_\_

MALE [ ] FEMALE [ ] RACE: \_\_\_\_\_

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

HAIR COLOR: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_

# INSTRUCTIONS TO PEACE OFFICERS FOR SERVICE

(please fill out as much as possible – the more information that is included, the easier it is to serve)

**PLEASE SERVE THE FOLLOWING DOCUMENT:**

TEMPORARY ORDER OF PROTECTION       FINAL ORDER OF PROTECTION

**NAME OF RESPONDENT:** \_\_\_\_\_

FIRST MIDDLE LAST

HOME ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

**PLACE OF EMPLOYMENT:** \_\_\_\_\_

WORK ADDRESS: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

**IDENTIFYING CHARACTERISTICS:** MALE  FEMALE

RACE: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

HAIR COLOR: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

**VEHICLE INFORMATION:** LICENSE PLATE NUMBER: \_\_\_\_\_

MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_

YEAR: \_\_\_\_\_ COLOR: \_\_\_\_\_

**OTHER LOCATIONS (INCLUDING TIMES) WHERE RESPONDENT MIGHT BE FOUND:** \_\_\_\_\_

**PERSONS WHO MIGHT KNOW THE WHEREABOUT OF THE RESPONDENT:**

1. NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

2. NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

**LIST RESPONDENT'S PREVIOUS VIOLENT BEHAVIOR:** \_\_\_\_\_

**LIST WEAPONS RESPONDENT IS LIKELY TO HAVE IN POSSESSION:** \_\_\_\_\_

**DESCRIBE RESPONDENT'S PREVIOUS HISTORY OF VIOLENT BEHAVIOR WITH  
LAW ENFORCEMENT:** \_\_\_\_\_

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