



FORT MOJAVE TRIBAL COURT
 Fort Mojave Indian Tribe of Arizona, California & Nevada Reservation
 Physical & Mailing Address:
 8492 South Highway 95, Mohave Valley, Arizona 86440
 Telephone: (928) 346-5200 Fax: (928) 346-5287

PETITIONER: _____
 Address: _____
 City, State, Zip: _____
 Phone: Home: _____ Work: _____ Mobile: _____
 v.
RESPONDENT: _____
 Address: _____
 City/State/Zip: _____
 Phone: Home: _____ Work: _____ Mobile: _____

COURT USE ONLY

Case Number _____

Division: **CIVIL**

PROTECTIVE OR RESTRAINING ORDER PETITION

PERSON SEEKING PROTECTION

1. Who is the petitioner?

My name is (please print) _____ . I am the Petitioner.

I am 18 or older and I am petitioning on my own behalf.

Petitioner's Address

Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____ E-Mail Address: _____

2. Person From Whom Protection Is Sought

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____

3. Additional Protected Persons

Are you asking for protection for any other family or household members?

| <u>Full Name</u> | <u>Sex</u> | <u>Age</u> | <u>How are they related to you?</u> | Lives with you? |
|------------------|------------|------------|-------------------------------------|--|
| _____ | _____ | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____ | _____ | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____ | _____ | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____ | _____ | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Why do these people need protection? (Explain below)

(If there is not enough space for your answer, use an additional sheet of paper)

4. Relationship of Parties

How do you know the person who from protection is sought?

5. Statement describing the Petitioner(s) need for protection from the Respondent

You must:

- **Write clearly.** If you need more space below, attach additional page(s), not on the back.
- **Describe what the Respondent did or said that you think is harassment or stalking.**
 - You must describe what the respondent actually said.
 - You must describe what the respondent actually did.

The respondent has committed acts of harassment or stalking as follows:

A. Describe the most recent incident of harassment or stalking.

Date and time (on or around): _____

Location: _____

What did the respondent do or say that you believe to be harassing or stalking behavior?

8. Has the Respondent previously committed an offense that makes him or her ineligible to possess a firearm? Please describe:

9. Does possession of a firearm or other dangerous weapon by the Respondent present a serious and imminent threat to public health or safety, or to the health or safety of Petitioner(s)? Please describe:

10. Do you have any evidence of the harassment or stalking conduct other than testimony?

No

Yes. I have attached the following evidence:

Copy of Mail or Written Notes

Copy of Text Messages

Copy of E-mailed Messages

Copy of Social Media Messages

Police Report

Declaration or Affidavit from the Following Witness: _____

Other (Describe): _____

11. Has the **Petitioner(s) or the Respondent** ever requested or obtained protection from the other person in a restraining order, civil protection order, or criminal no-contact order?

If yes, list the type of order, the name of the court and the approximate date, and whether the request was granted:

12. Is there any other litigation between the Petitioner(s) and the Respondent? This includes all matters, pending or past, such as parenting plans; landlord-tenant disputes; employment disputes; or property disputes. If yes, provide case number/s if known, type of case, and name of court:

REQUESTS

I ask the Court for an order approving the following requests for protection:

I request a **Temporary Restraining Order** be issued and include the following until a hearing can be scheduled before the Court:

| |
|--|
| <input type="checkbox"/> No-Contact: Restrain the Respondent from making any attempts or having any contact, including nonphysical contact, with the person(s) to be protected directly, indirectly, or through third parties regardless of whether those third parties know of the Order, except for mailing of court documents. |
| <input type="checkbox"/> Exclude from places: Exclude the Respondent from the <input type="checkbox"/> Residence <input type="checkbox"/> Workplace <input type="checkbox"/> School <input type="checkbox"/> Day Care of the person(s) to be protected. |
| <input type="checkbox"/> Stay Away: Prohibit or restrain the Respondent from entering or being within, knowingly coming within, or knowingly remaining within _____ (distance) of the <input type="checkbox"/> Residence <input type="checkbox"/> Workplace <input type="checkbox"/> School <input type="checkbox"/> Day Care of the person(s) to be protected. <input type="checkbox"/> Other Locations: _____ |
| <input type="checkbox"/> Other: _____ _____ |
| <input type="checkbox"/> Pay Fees and Costs: Require the Respondent to pay fees and costs of this action, which may include administrative court costs; service fees; and Petitioner's costs, including attorney's fees. |
| <input type="checkbox"/> Surrender Firearms: Require the Respondent to surrender any firearm or other dangerous weapon or any concealed pistol license and prohibit the Respondent from obtaining or possessing a firearm or other dangerous weapon or a concealed pistol license. |
| <input type="checkbox"/> Duration: Remain effective for <input type="checkbox"/> 6 months <input type="checkbox"/> 1 year because Respondent is likely to resume acts of unlawful harassment or stalking conduct against the persons to be protected. |

Emergency Temporary Protection (up to 14 days) until the court hearing:

- An emergency exists as described below. I request that a **Temporary Protection Order** granting the relief I requested above for a No-Contact, surveillance, exclusion from places, or Stay Away order be issued immediately, without prior notice to the respondent, to be effective until the hearing.
- I also request a temporary surrender of a firearm or other dangerous weapon without notice to the other party because irreparable injury could result if an order is not issued until the hearing.

What irreparable harm would result if an order is not issued immediately without prior notice to the respondent?

I certify under penalty of perjury under the laws that the foregoing is true and correct.

Dated: _____

Petitioner

Print or type name

I agree to receive legal documents at this address:

This address is not my home address because my family, household or I would be at risk of abuse by respondent if I disclosed my home address.