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:				COURT USE
Phone: Home:	Work:	Mobile:		ONLY
v.				
RESPONDENT:				Case Number
City/State/Zip:				Division: CIVIL
Phone: Home:	Work:	Mobile:		DIVISION. GIVIL
	RESTRAINING OF			
	PERSON SEE	KING PROTECTION		
1. Who is the petitione	r?			
My name is (pleas	se print)		І	am the Petitioner.
☐ I am 18 or olde	er and I am petitioning o	n my own behalf.		
Petitioner's Addr	ess			
Address:				
			Zip:	

2. Person From Whom Protection Is Sought

Name: _____Address: _____

Telephone: _____ E-Mail Address: _____

City: _____ State: ____ Zip: ____

3.	Additional Protected I Are you asking for prote		y other far	mily or household members?	
	<u>Full Name</u>	<u>Sex</u>	<u>Age</u>	How are they related to you?	Lives with you? Yes No Yes No Yes No Yes No
	Why do these people	need proted	ction? (E	xplain below)	
	(If there is not enough	space for yo	ur answei	r, use an additional sheet of pape	er)
	Relationship of Parties How do you know the perso	on who from	protection	n is sought?	
5. \$	You must: > Write clearly. If y > Describe what th • You must describe	you need mo le Respond be what the	ore space ent did o responde	•	, not on the back.
	 You must descri 	be what the	responde	ent actually did.	
,	A. Describe the most rece Date and time (on	ent incident c or around): _	of harassn		
	Location: What did the respo			ou believe to be harassing or sta	alking behavior?

How did the respondent make these statements? ☐ In Person ☐ Mail/Written Notes
☐ E-mail ☐ Text ☐ Phone ☐ Social Media (Such as Facebook and Twitter)
Other (Describe):
B. Describe other incidents of harassment or stalking. For <u>each</u> incident, include the date, time (on or about), location, what was said, how statements were made, and what was done to the Petitioner(s).
How did the incidents you describe above make you unsafe?
Has the Respondent used, displayed, or threatened to use a firearm or other dangerous weapon in a felony? Please describe:

6.

7.

8.	Has the Respondent previously committed an offense that makes him or her ineligible to possess a firearm? Please describe:
	<u>-</u>
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	 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:
11	Other (Describe): 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 greated:
	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:
	<u>REQUESTS</u>
l as	k the Court for an order approving the following requests for protection:
	quest a Temporary Restraining Order be issued and include the following until a hearing can be eduled before the Court:
	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.
	Exclude from places: Exclude the Respondent from the ☐ Residence ☐ Workplace ☐ School ☐ Day Care of the person(s) to be protected.
	Stay Away: Prohibit or restrain the Respondent from entering or being within, knowingly coming within, or knowingly remaining within (distance) of the ☐ Residence ☐ Workplace ☐ School ☐ Day Care of the person(s) to be protected. ☐ Other Locations:
	Other:
ir	Pay Fees and Costs: Require the Respondent to pay fees and costs of this action, which may clude administrative court costs; service fees; and Petitioner's costs, including attorney's fees.
	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.
	Duration: Remain effective for ☐ 6 months ☐ 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	o 14 days) until the court hearing:
☐ An emergency exists as described below Protection Order granting the relief I resurveillance, exclusion from places, or without prior notice to the respondent, to	requested above for a No-Contact, Stay Away order be issued immediately,
☐ I also request a temporary surrender of without notice to the other party because is not issued until the hearing.	f a firearm or other dangerous weapon se irreparable injury could result if an order
What irreparable harm would result if an or notice to the respondent?	der is not issued immediately without prior
I certify under penalty of perjury under the law	vs that the foregoing is true and correct.
Dated:	
	Petitioner
	Print or type name
I agree to receive legal documents at this addr	ress:
☐ This address is not my home address bec by respondent if I disclosed my home address	cause my family, household or I would be at risk of a