

**PETITION FOR SEXUAL VIOLENCE  
PROTECTION ORDER**

IN THE COURT OF COMMON PLEAS OF  
\_\_\_\_\_ COUNTY, PENNSYLVANIA  
NO. \_\_\_\_\_

**1. PLAINTIFF**

_____	_____	_____	_____
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First Middle Last Plaintiff DOB

Plaintiff's Address:

Plaintiff's address is confidential or  Plaintiff's address is: \_\_\_\_\_

**V.**

**2. DEFENDANT**

_____	_____	_____	_____
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First Middle Last Suffix

Defendant's Address:

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

DEFENDANT IDENTIFIERS			
DOB	_____	HEIGHT	_____
SEX	_____	WEIGHT	_____
RACE	_____	EYES	_____
HAIR	_____		
SSN	_____		
DRIVERS LICENSE #	_____		
EXP DATE	_____	STATE	_____

**CAUTION:**

- Weapon Involved**
- Weapon Present on the Property**

Defendant's Place of employment is: \_\_\_\_\_

**3. I am filing this Petition on behalf of:  Myself and/or  Another Person**

If you checked "myself", please answer all questions referring to yourself as "Plaintiff". If you ONLY checked "another person", please answer all questions referring to that person as the "Plaintiff", and provide your name and address here, as filer, unless confidential.

Filer's Name:

_____	_____	_____	_____
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First Middle Last Suffix

Filer's Address is Confidential or  Filer's address is:

\_\_\_\_\_

If you checked "Another Person", indicate relationship with Filer:

- parent of minor Plaintiff(s)
- applicant for appointment as guardian ad litem of minor Plaintiff(s)
- adult household member of minor Plaintiff(s)
- court appointed guardian of incompetent Plaintiff(s)

Check here if the Defendant is 17 years old or younger.

Name(s) of All persons, including minor child/ren for whom protection is sought:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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

4. Has the Defendant been involved in any criminal court action? \_\_\_\_\_

If you answered Yes, is the defendant currently on probation or parole? \_\_\_\_\_

5. The facts of the most recent incident of sexual violence are as follows:

Approximate Date: \_\_\_\_\_

Approximate Time: \_\_\_\_\_

Place: \_\_\_\_\_

Describe in detail what happened, including any physical or sexual abuse, threats, injury, incidents of unwanted contact, medical treatment sought, and/or calls to law enforcement. (attach additional sheets of paper if necessary):

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

6. If the Defendant has committed prior acts of sexual violence against Plaintiff or other person(s) for whom protection is sought, describe these prior incidents, including any threats, injuries, or incidents of unwanted contact, and indicate approximately when such acts of abuse occurred. (attach additional sheets of paper if necessary):

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

7. (a) Has Defendant used or threatened to use any firearms or other weapons against Plaintiff or other person(s) for whom protection is sought?

(b) Other than the firearms, other weapons or ammunition Defendant used or threatened to use against Plaintiff or other person(s) for whom protection is sought, does Defendant, to the best of your knowledge or belief, own or possess any additional firearm, other weapon, ammunition or any firearm license?

8. Identify the sheriff, police department or law enforcement agency in the area in which Plaintiff lives that should be provided with a copy of the protection order: \_\_\_\_\_

9. There is an immediate and present danger from the Defendant.

CHECK THE FOLLOWING BOXES ONLY IF THEY APPLY TO YOUR CASE AND PROVIDE THE REQUESTED INFORMATION

Plaintiff is asking the court to evict and exclude the Defendant from the following residence: \_\_\_\_\_

owned by (list owners, if known): \_\_\_\_\_

rented by (list all names, if known): \_\_\_\_\_

Plaintiff has suffered out-of-pocket financial losses as a result of the behavior described above. Those losses are: \_\_\_\_\_

FOR THE REASONS SET FORTH ABOVE, I REQUEST THAT THE COURT ENTER A TEMPORARY ORDER, AND AFTER HEARING, A FINAL ORDER THAT WOULD DO THE FOLLOWING (CHECK ALL FORMS OF RELIEF REQUESTED)

A. Restrain Defendant from abusing, threatening, harassing, or stalking Plaintiff and/or the minor child/ren in any place where Plaintiff and/or the child/ren may be found.

B. Evict/exclude Defendant from Plaintiff's residence and prohibit Defendant from attempting to enter any temporary or permanent residence of Plaintiff.

C. Prohibit Defendant from having any contact with Plaintiff and/or the minor child/ren, either in person, by telephone, or in writing, personally or through third persons, including but not limited to any contact at Plaintiff's school, business, or place of employment.

D. Prohibit Defendant from having any contact with Plaintiff's relatives and Plaintiff's children listed in this petition. The following persons are Plaintiff's relatives or family and household members that Plaintiff believes require protection from stalking and harassment by Defendant.

Name	Address (optional)	Relationship to Plaintiff
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E. Direct Defendant to pay Plaintiff for the reasonable financial losses suffered as the result of the sexual violence or intimidation, to be determined at the hearing.

F. Order Defendant to pay the costs of this action, including filing and service fees.

G. Order Defendant to pay Plaintiff's reasonable attorney's fees.

H. Order the following additional relief, not listed above:

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I. Grant such other relief as Plaintiff requests and/or the court deems appropriate.

J. Order the police, sheriff or other law enforcement agency to serve the Defendant with a copy of this petition, any order issued, and the order for hearing. Plaintiff will inform the designated authority of any addresses, other than the Defendant's residence, where Defendant can be served.

#### VERIFICATION

I verify that neither I, nor any other person for whom protection is sought within this petition, has a relationship to the defendant that meets the definition of family or household member (spouses or persons who have been spouses, persons living as spouses or who lived as spouses, parents and children, other persons related by consanguinity or affinity, current or former sexual or intimate partners or persons who share biological parenthood).

I verify that I am the petitioner as designated in the present action and that the facts and statements contained in the above Petition are true and correct to the best of my knowledge. I understand that any false statements are made subject to the Penalties of 18 Pa. C.S.A. §4904, relating to unsworn falsification to authorities

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Signature

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Date