

# Request for Protective Order

(Utah Code 78B-7-601 et seq.)

Case Number: \_\_\_\_\_ District: \_\_\_\_\_  
 County: \_\_\_\_\_ State: Utah  
 Judge: \_\_\_\_\_  
 Commissioner: \_\_\_\_\_

## 1 Petitioner (person asking for protection):

\_\_\_\_\_  
*First Middle Last*

### Address and phone # (to keep private, leave blank):

\_\_\_\_\_  
*Street*

\_\_\_\_\_  
*City --- State --- Zip*

Phone #'s: \_\_\_\_\_

What is your date of birth?: \_\_\_\_\_

Name and phone number of Petitioner's attorney (if any): \_\_\_\_\_

## 2 Respondent (person you need to be protected from):

\_\_\_\_\_  
*First Middle Last*

Other Names Used \_\_\_\_\_

Relationship to Petitioner: \_\_\_\_\_

Address (street): \_\_\_\_\_

\_\_\_\_\_  
*City --- State --- Zip*

Respondent's Employer (Name and address): \_\_\_\_\_

**This is a private record.**

### Other people protected by this order

(relatives or people who live with you):

Name	Age	Relationship to Petitioner
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### Describe Respondent

\* Required. If you do not know, write unknown.

Sex*	Race*	Date of Birth*	Ht.	Wt.
_____	_____	_____	_____	_____

Eyes	Hair	Full Social Security # (if known)
_____	_____	_____

Distinguishing features (like tattoos, scars, limp, etc.)  
 \_\_\_\_\_  
 \_\_\_\_\_

Driver's license issued by (State): \_\_\_\_\_ Expires: \_\_\_\_\_

Other places to find Respondent (work, relatives, friend, hangouts, etc. – include city/state/zip on each address, if possible)	Location Type (work, relatives, friend, hangouts, etc)	Best times to find at this address	Phone number

### Describe Respondent's vehicle(s):

Make	Model	Color	License Plates

Has the Respondent used weapons or been violent in the past?  Yes  No If yes, describe here: \_\_\_\_\_

Is the Respondent on probation or parole?  Yes  No If yes, list the name of the probation/parole agency, the officer, and the telephone number here: \_\_\_\_\_

**3 What is your relationship to the Respondent?** (Check all that apply)

- a. We are married now.
- b. We used to be married.  
Date of Divorce: \_\_\_\_\_
- c. We live together as a couple.
- d. We used to live together as a couple.
- e. We are or used to be in a consensual sexual relationship.
- f. We live or used to live in the same home
- g. We are related by blood, marriage, or adoption as a child, parent, aunt, uncle, niece, nephew, grandparent, grandchild, or sibling.  
(Specify the relationship): \_\_\_\_\_
- h. We are expecting a child now.  
List Due Date: \_\_\_\_\_
- i. We have or had a child or children together.  
List below:

Child's Name	Birth date (mm/dd/yyyy)	Address

**4 Describe the most recent abuse** (if any):

- a. When did it happen? (Date): \_\_\_\_\_
- b. Where did it happen? \_\_\_\_\_  
Street City State
- c. Did the police come?  Yes  No
- d. If the police came answer these questions:  
What police department came? \_\_\_\_\_  
Was anyone arrested?  Yes  No  
If yes, who was arrested? \_\_\_\_\_  
What is the case number? \_\_\_\_\_  
Did anyone get a ticket?  Yes  No  
If yes, who got the ticket? \_\_\_\_\_
- e. Describe the abuse or domestic violence: \_\_\_\_\_

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

Check here if you need more space and attach a separate sheet of paper to this form

- f. What did the other person do or say to make you afraid? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

g. Did the other person use or threaten to use a gun or other weapon?  Yes  No (If yes, describe any weapons the Respondent owns and how they were used against you): \_\_\_\_\_

\_\_\_\_\_

h. Were any children present when this happened?  Yes  No (If "yes," who?) \_\_\_\_\_

i. Who else was there? \_\_\_\_\_

j. Was anyone hurt? \_\_\_\_\_

k. Other facts: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**5 Describe past abuse (if any):**

a. When did it happen? (Date): \_\_\_\_\_

b. Where did it happen? \_\_\_\_\_  
Street City State

c. Did the police come?  Yes  No

d. If the police came answer these questions:

What police department came? \_\_\_\_\_

Was anyone arrested?  Yes  No

If yes, who was arrested? \_\_\_\_\_

What is the case number? \_\_\_\_\_

Did anyone get a ticket?  Yes  No

If yes, who got the ticket? \_\_\_\_\_

e. Describe the past abuse or domestic violence: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Check here if you need more space and attach a separate sheet of paper to this form

**6 Fear of imminent physical harm**

Other than what I describe above, I fear there is a substantial likelihood of imminent physical harm by respondent against me.

(Describe in detail why you are afraid the respondent will cause you physical harm in the immediate future.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Check here if you need more space and attach additional pages to this form.

**7 Other Court Cases**

a. Are you or the Respondent on probation now for domestic violence?  Yes  No (If Yes, who? \_\_\_\_\_)

b. Have you or the Respondent ever been involved in any other court case involving either of you or your

children?  Yes  No (If yes, list ALL court cases below):

Court case name		Court case number	
Judge's name		County and state	
Type of case	<input type="checkbox"/> Order of protection <input type="checkbox"/> Civil litigation	<input type="checkbox"/> Juvenile court proceeding <input type="checkbox"/> Criminal case	
Person involved	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent	Did the judge make an order?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Court case name		Court case number	
Judge's name		County and state	
Type of case	<input type="checkbox"/> Order of protection <input type="checkbox"/> Civil litigation	<input type="checkbox"/> Juvenile court proceeding <input type="checkbox"/> Criminal case	
Person involved	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent	Did the judge make an order?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Court case name		Court case number	
Judge's name		County and state	
Type of case	<input type="checkbox"/> Order of protection <input type="checkbox"/> Civil litigation	<input type="checkbox"/> Juvenile court proceeding <input type="checkbox"/> Criminal case	
Person involved	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent	Did the judge make an order?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Court case name		Court case number	
Judge's name		County and state	
Type of case	<input type="checkbox"/> Order of protection <input type="checkbox"/> Civil litigation	<input type="checkbox"/> Juvenile court proceeding <input type="checkbox"/> Criminal case	
Person involved	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent	Did the judge make an order?	<input type="checkbox"/> Yes <input type="checkbox"/> No

c. Fill out below if any child listed on the first page of this form is involved in any other court case, like adoption, juvenile, or custody, or has been investigated by the Division of Child and Family Services.

Type of Case	County and State	Court or DCFS case number (if you know it)

**Request for Protective Orders**

I ask the court for the following orders.  
(Choose all that apply.)

8  **Personal Conduct** Order the Respondent not to commit, try to commit or threaten to commit any form of violence against me or any person listed on the first page of this form. This includes stalking, harassing, threatening, physically hurting, or causing any other form of abuse.

9  **No Contact** Order the Respondent not to contact, phone, mail, e-mail, or communicate with me and the people listed on the first page of this form in any way, either directly or indirectly except as allowed by the parent-time provisions of the temporary protective order.

10  **Contact for Mediation** Order that the Respondent may contact me **only** during mediation sessions for our divorce or custody case that are scheduled with a Court Qualified Mediator.

11  **Stay Away** Order the Respondent to stay away from:

a. Stay at least \_\_\_\_\_ (distance) from me.

b. Stay away from my

Home: \_\_\_\_\_ (address)

Work : \_\_\_\_\_ (address)

The respondent  does  does not work at the same place as me.

School: \_\_\_\_\_ (address)

The respondent  does  does not go to the same school as me.

Place of worship: \_\_\_\_\_ (address)

The respondent  does  does not attend the same place of worship as me.

If you work, go to the same school, or attend the same place of worship as the respondent, the court cannot order the Respondent to stay away from those places. Give information the court should consider about potential or necessary interactions with the Respondent in those settings.

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c. Stay away from the people listed on the first page of this form at their:

Home: \_\_\_\_\_ (address)

Work : \_\_\_\_\_ (address)

The respondent  does  does not work at the same place as the people listed on the first page of this form.

School: \_\_\_\_\_ (address)

The respondent  does  does not go to the same school as the people listed on the first page of this form.

Place of worship: \_\_\_\_\_ (address)

The respondent  does  does not attend the same place of worship as the people listed on the first page of this form.

d. Other (*specify*): \_\_\_\_\_

12  **No Guns or Weapons** – Order the Respondent not to use, possess, have, or buy a gun or firearm or any of these weapons: \_\_\_\_\_

13  **Property Control** – Order that only I can use, control and possess the following:

a. Home at (*address*): \_\_\_\_\_

b. Car, truck or other essential personal belongings (*describe*): \_\_\_\_\_

14  **Property Control** Order the Respondent

Not to interfere with or change my phone, utility or other services.

To maintain existing wireless phone contracts or accounts.

15  **No Harming Pets** – Order the Respondent to not physically injure or threaten to injure a pet that is:

a. Owned or kept by me. Also order the Respondent to not take possession of my pet.

b. Owned or kept by the Respondent.

16  **Transfer Wireless Phone Number(s)** Order the Respondent and the wireless service provider to transfer my current wireless phone number(s) to a new account of my choice.

• The Respondent is the account holder for the following wireless phone number(s):

• \_\_\_\_\_  
The number(s) are assigned to phones that are primarily used by me, or by people who will live with me while the protective order is in effect.

• I will have full financial responsibility for each wireless phone number, beginning on the day of transfer. This includes monthly service costs and costs for any mobile device associated with the wireless phone number(s).

• A wireless service provider may apply standard requirements for account establishment to me when transferring financial responsibility.

17  **Child Custody & Parent-time Orders**

Give temporary custody of these minor children I have with the respondent to

me

\_\_\_\_\_ (name of person other than the Respondent):

Give the Respondent parent-time as follows: \_\_\_\_\_

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If you asked for a No Contact Order above, who can communicate only parent-time information to the Respondent? (Name): \_\_\_\_\_

- 18  **No Alcohol or Drugs** Order the Respondent not to use alcohol or illegal drugs before or during visitation.
- 19  **Supervised Visitation** Provide the Respondent with supervised parent-time as follows: (list name and phone number of supervising agency or person): \_\_\_\_\_
- 20  **Travel Restrictions** Order the Respondent not to take the children listed above out of the state of Utah.
- 21  **Child Support, Spousal Support and other Expenses** -- Order the Respondent to:
- a. Pay \$ \_\_\_\_\_ / month in child support according to Utah Child Support Guidelines.
  - b. Pay \$ \_\_\_\_\_ / month in spousal support.
  - c. Pay child support by withholding from the Respondent's earnings. (Utah Code 62A-11-4 and 62A-11-5)
  - d. Pay 50% of the minor children's childcare expenses.
  - e. Pay 50% of the minor children's medical expenses, including premiums, deductibles and co-payments.
  - f. Pay \$ \_\_\_\_\_ for the minor children's medical expenses related to the abuse and \$ \_\_\_\_\_ for my medical expenses related to the abuse.
- 22  **Other Assistance Needed** (*List below any other orders needed to protect you and other protected people listed on page 1 of this form*): \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**I also ask for these Orders to Agencies:**

- 23  **Law Enforcement to Assist** Order a law enforcement officer from: \_\_\_\_\_ to enforce the orders checked below:
- a. Help me gain and keep control of home, car or other personal belongings.
  - b. Help me obtain custody of the children.
  - c. Help the  Respondent or  me remove essential personal belongings from the home.
- 24  **Investigate Possible Child Abuse** Refer this matter to the Division of Child and Family Services for review and possible investigation of child abuse.
- 25  **Guardian for your children** Appoint an attorney to speak for the best interests of the children in this case.

**The Petitioner must read and sign below:**

I swear that:

- I am the Petitioner and I have read this Request for Protective Order.
- **I understand it is a serious crime to lie to get a Protective Order.** If I lie, I can be charged with a felony, punishable by up to 5 years in prison.
- I believe I have the right to the protective orders I have asked for in this Request.
- I am not using this Request to harass the Respondent or to abuse the judicial process.

I declare under criminal penalty under the law of Utah that everything stated in this document is true.

Signed at \_\_\_\_\_ (city, and state or country).

\_\_\_\_\_  
Date

Signature ► \_\_\_\_\_

Printed Name \_\_\_\_\_