

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address (omit if safeguarded)

\_\_\_\_\_  
City, State, Zip (omit if safeguarded)

\_\_\_\_\_  
Phone (omit if safeguarded)

\_\_\_\_\_  
Email (omit if safeguarded)

I am  Petitioner  Petitioner's Attorney (Utah Bar #: \_\_\_\_\_)

In the District Court of Utah

\_\_\_\_\_ Judicial District \_\_\_\_\_ County

Court Address \_\_\_\_\_

<p>_____ Petitioner (name of business asking for protection)</p> <p>v.</p> <p>_____ Respondent</p>	<p><b>Petition for Workplace Violence Protective Order</b> (Utah Code 78B-7-1102 and 1103)</p> <p>_____ Case Number</p> <p>_____ Judge</p> <p>_____ Commissioner</p>
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**Parties**

1.

Name of business or organization	
Name and title of representative of business or organization	

Seeks a Workplace Violence Protective Order against (name of the respondent):

First name	
Middle name(s) (if any)	

Surname	
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2. The business or organization is an employer. I am either the sole proprietor or am authorized to seek this Workplace Violence Protective Order on behalf of the business or organization.

3. The respondent committed workplace violence. The respondent knowingly caused or threatened to cause bodily injury or significant property damage to (choose all that apply):

the business or organization.

The following employees of the business or organization: (This can include you)

Name (first and last name)

These employees were performing their duties as employees when the workplace violence happened.

I have made a good faith effort to tell these employees that I am seeking a workplace violence protective order.

**Feeling terrorized, frightened, intimidated, or harassed**

4. The workplace violence involved (choose all that apply):

Actual bodily injury or significant property damage. This would cause a reasonable person to feel terrorized, frightened, intimidated, or harassed.

Threats of bodily injury or significant property damage. These threats would cause a reasonable person to fear that the threats would be carried out. If the threats were carried out, they would cause a reasonable person to feel terrorized, frightened, intimidated, or harassed.

**Description of workplace violence**

5. The respondent threatened to cause or knowingly caused bodily injury or significant property damage.

Describe the most recent threat or incident of bodily injury or significant property damage:

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

b. Where did it happen? (City and state.): \_\_\_\_\_

c. Describe what happened:

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d. Did the police come?  No  Yes

e. If the police came,

Which police department came? \_\_\_\_\_

Was anyone arrested?  No  Yes

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

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

Did anyone get a ticket or citation?  No  Yes

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

What did the police do?

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

f. Did respondent use or threaten to use a gun?  No  Yes

(If yes, describe the gun the respondent used or threatened to use against you.):

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g. Did respondent use or threaten to use some other weapon?  No  Yes

(If yes, describe the weapon the respondent used or threatened to use against you.):

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h. Was anyone hurt?  No  Yes

(If yes, describe.)

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i. Other facts:

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6. Describe the next most recent threat or incident of bodily injury or significant property damage (if any):

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

b. Where did it happen? (City and state.): \_\_\_\_\_

c. Describe what happened:

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d. Did the police come?  No  Yes

e. If the police came,

Which police department came? \_\_\_\_\_

Was anyone arrested?  No  Yes

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

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

Did anyone get a ticket or citation?  No  Yes

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

What did the police do?

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

f. Did respondent use or threaten to use a gun?  No  Yes  
(If yes, describe the gun the respondent used or threatened to use against you.):

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g. Did respondent use or threaten to use some other weapon?  No  Yes  
(If yes, describe the weapon the respondent used or threatened to use against you.):

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---

h. Was anyone hurt?  No  Yes  
(If yes, describe.)

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i. Other facts:

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Check here if there are more incidents you want to describe, and attach additional pages to this form.

### **Request for Protective Orders**

The court should issue the following orders.

(Choose all that apply.)

7.  **Personal Conduct**

Order the respondent:

to not threaten to cause or knowingly cause bodily injury to the employees listed below while that employee is performing their duties as an employee. The respondent represents a credible threat to the safety of these employees.

Name	Age	Relationship to Respondent
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

[ ] to not threaten to cause or knowingly cause significant damage to my property or the property of the business or organization.

8. [ ] **No threats**

Order the respondent to not threaten my business or organization or the employees listed in paragraph 7 while these employees are performing their duties as an employee.

9. [ ] **Stay Away Order**

Order the respondent to stay away from the workplace where the respondent caused or threatened to cause the workplace violence located at:

\_\_\_\_\_  
 (Street, City, State, ZIP)

**Petitioner must read and sign below:**

I swear:

- I am the petitioner and I have read this Petition for Workplace Violence 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.
- The statements in this request are true and correct to the best of my knowledge.
- 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 respondent or to abuse the judicial process.

**Petitioner**

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 \_\_\_\_\_

**Attorney** (if applicable)

\_\_\_\_\_  
Date

Signature ► \_\_\_\_\_  
Printed Name \_\_\_\_\_