

STATE OF SOUTH DAKOTA)
)
COUNTY OF MINNEHAHA)

IN CIRCUIT COURT
2ND JUDICIAL CIRCUIT

_____ Petitioner	TPO NO. _____ PETITION AND AFFIDAVIT FOR A PROTECTION ORDER (DOMESTIC ABUSE)
-vs- _____ Respondent	

I, _____, the above-named Petitioner, or the Parent/Guardian of the minor child Petitioner, being duly sworn upon oath, state and affirm the following:

- I am a resident of _____ County, South Dakota.
- The Respondent is a resident of _____ County, South Dakota.

The person I am asking the Court to restrain from committing acts of domestic abuse is
(check all that apply):

- a spouse (married);
- a former spouse (divorced);
- a person related to me by blood or adoption (specify relationship _____);
- a person who lives with me in the same household (lease or own by petitioner, respondent or both) _____;
- a person with whom I have lived with in the past;
- a person with whom I have had a child.

I AM ASKING THE COURT FOR A PROTECTION ORDER BASED UPON THE FACTS BELOW:

On or about (month) _____ (day) _____, (year) _____, at approximately _____ o'clock _____ (am/pm), the person against whom I seek this Protection Order committed the following act(s) of domestic abuse:

- The person caused me physical harm or bodily injury.
- The person attempted to cause me physical harm or bodily injury.
- The person's actions have made me fearful that he/she is about to cause me physical harm or bodily injury.
- The person violated a protection order.
- The person willfully, maliciously, and repeatedly followed me.
- The person harassed me by pursuing a knowing and willful course of conduct which seriously alarms, annoys, or harasses me, with no legitimate purpose. The pattern of conduct is a series of acts over a period of time, however short, showing a continuing pattern of harassment.
- The person made a credible threat with the intent to place me in a reasonable fear of death or great bodily injury.
- The person willfully, maliciously, and repeatedly harassed me by means of any verbal, electronic, digital media, mechanical, telegraphic, or written communication.
- I, as the Petitioner, have been the victim of a crime of violence.

REQUEST FOR HEARING AND PROTECTION ORDER

Based upon this Petition and Affidavit in which I truthfully set forth the details of the domestic abuse, I respectfully ask the Court to set a date to hear this matter and after hearing the evidence, to grant me a Protection Order:

- 1) To Restrain the Respondent from acts of abuse and physical harm, making threats of abuse, stalking or harassment.
- 2) To Grant the Protection Order for a period of _____ time (*no longer than 5 years*).
- 3) To exclude the Respondent from the Petitioner's residence listed in 4C.
- 4) To Order that the Respondent shall not come within a distance of _____ from the following persons and places:

- A. The Petitioner personally
- B. The following minor children named as other protected persons:

Name	Date of birth	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

C. The Petitioner's residence (street/apt) _____
(city) _____, (state) _____, (zip) _____ - _____

D. The Petitioner's place employment (street) _____
(city) _____, (state) _____ (zip) _____ - _____

E. Other places (street/apt) _____
 (city) _____, (state) _____ (zip) _____ - _____
 (street/apt) _____
 (city) _____, (state) _____ (zip) _____ - _____
 (street/apt) _____
 (city) _____, (state) _____ (zip) _____ - _____

5) To award me temporary custody of our minor child(ren), whose names are _____

6) To establish temporary visitation for the respondent with the minor child(ren) named above consisting of:

- Existing order in File # _____ Supervised at _____
- Jurisdiction: South Dakota South Dakota tribe Other State _____ Other
- Other Visitation: _____

- 7) To Order that the Respondent shall pay temporary *(If you are requesting support, you must provide proof of the monthly income of both parties at the hearing.):*
- child support in the amount of \$ _____ a month starting on _____ and continuing until further order of the Court;
*Child support shall be paid to: Office of Child Support Enforcement
 Kneip Building
 700 Governors Drive
 Pierre, SD 57501*
- spousal support in the amount of \$ _____ a month starting on _____ and continuing until further order of the Court.
Spousal support shall be paid to the Clerk of Courts Office in the county this order was filed.
- 8) To Order the Respondent receive parenting classes approved or provided by the Department of Social Services, SDCL 25-10-5.
- 9) To Order the Respondent to obtain counseling as follows: _____
- 10) That the Respondent be restrained from contact with the Petitioner or other protected persons, by any direct or indirect means except as authorized by a court order.
- 11) To Order other relief which I believe is necessary for my protection or for the protection of a household member as follows: _____

(If you are requesting an immediate temporary protection order without notice to the person you want restrained and without an opportunity for the person to appear, you must state why you believe you will suffer immediate and irreparable injury or damage if you have to wait until the hearing.)

**REQUEST FOR IMMEDIATE PROTECTION ORDER
 WITHOUT NOTICE TO THE OTHER PARTY**

- I am not requesting an immediate Temporary Protection Order.
- In addition to what I have requested in sections 1-10 above, I further request that the Court grant me an immediate Temporary Protection Order restraining the Respondent from committing acts of domestic abuse based upon the following sworn statements and beliefs:

The reasons I need this order immediately and cannot wait until the scheduled hearing are: _____

- I believe that I will suffer immediate and irreparable injury, loss or damage if I am not granted an immediate Temporary Protection Order without notifying the Respondent and his/her attorney or giving the other party an opportunity to be heard.

The immediate and irreparable injury, loss or damage that I believe I will suffer is: _____

On this _____ day of _____, _____, I swear or affirm under oath that the information I have provided in this Petition and Affidavit are true and correct to the best of my knowledge. I believe I am entitled to the protection I have requested. I am asking for this protection for valid reasons and am not attempting to harass the person I am seeking protection against and am not attempting to abuse or delay the court process or any other legal action.

Petitioner

Signed and sworn to before me on this _____ day of _____, _____.

Notary Public/Deputy Clerk of Courts
Commission Expires:

(SEAL)

TPO: _____ **Petitioner Information** **Date:** _____

Attorney(s): _____

Required Information

Last Name _____ **First** _____ **Middle** _____ **Suffix** _____

Birth Date: _____ (MM/DD/YYYY) **Sex:** _____ (M=Male, F=Female)

Race: __ (A=Asian/Pacific Islander, B=Black, I=American Indian, W=White, O=Other, U=Unknown)

Present Address: _____

City: _____ **State:** _____ **Zip:** _____ - _____

My mailing address is the same as my present address.

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____ - _____

Driver's License Number: _____ **License State:** _____

SSN: _____

Eye Color: _____ **Hair Color:** _____ **Weight:** _____ **Height:** _____

Phone Number _____ **Type** _____

1 (_____) _____ - _____ **H=Home, W=Work, C=Cell, O=Other, F=Fax**

2 (_____) _____ - _____ **H=Home, W=Work, C=Cell, O=Other, F=Fax**

3 (_____) _____ - _____ **H=Home, W=Work, C=Cell, O=Other, F=Fax**

TPO: _____ **Respondent Information** **Date:** _____

Required Information

Name: _____
Last First Middle
Birth Date: _____ (MM/DD/YYYY) Sex: _____ (M=Male, F=Female, U=Unknown)

Driver's License Number: _____ License State: _____ SSN: _____

Present Address: _____

City: _____ State: _____ Zip: _____ - _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ - _____

Race: ____ (A=Asian/Pacific Islander, B=Black, I=American Indian, O=Other, W=White, U=Unknown)

Eye Color: _____ Hair Color: _____ Weight: _____ Height: _____

Distinguishing Features: _____

Phone Number 1 (____) _____ - _____ (H=Home, W=Work, C=Cell, O=Other, F=Fax)

2 (____) _____ - _____ (H=Home, W=Work, C=Cell, O=Other, F=Fax)

3 (____) _____ - _____ (H=Home, W=Work, C=Cell, O=Other, F=Fax)

Misc. Indicator: Martial Arts Expert Explosives Expert Known to Abuse Drugs

Medical Indicator: Heart Condition Alcoholic Allergies
 Epilepsy Suicidal Medication Required
 Hemophiliac Diabetic
 Other _____

Interpreter needed Language _____

Respondent Vehicles

License Plate Number	State	Year	Make	Model	Color
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____

Occupation: _____ Place of Employment: _____

Work Days: _____ Work Hours: _____

Other persons at Respondent's residence: _____

Other addresses or locations (hangouts) where Respondent can be found:

Location: _____

City: _____ State: _____ Zip: _____ - _____

Location: _____

City: _____ State: _____ Zip: _____ - _____