

## **INFORMATION ABOUT FILING FOR AN ORDER OF PROTECTION**

### **VERY IMPORTANT – READ BEFORE FILING!**

(TO PERSON WHO IS FILING: KEEP THIS PAGE FOR YOURSELF)

You will be required to give information on the following pages necessary to file your Petition for Orders of Protection and for the *National Crime Information Center*.

- 1) Please answer **ALL** questions in the correct spaces – if the information is known. You'll notice some things may be asked for more than once.
- 2) Provide your **complete address** – including street name and number, apartment number, city, state and zip code.
- 3) If the Respondent is in jail, we still need an address for mailing – either **last known address** or **relative's address**.
- 4) **VERY IMPORTANT** that you provide a **phone number** where you can be reached so you can be notified about your Court date.
- 5) It is **your responsibility** to notify the Clerk's Office if your address or phone number **changes** so we can notify you of any Court dates or problems that may come up about your case.
- 6) You **MUST** list the **names** and **birthdates** of all **minor children** included in the Petition for Protection Orders – on **ALL** pages where it is requested.
  - ❖ This is **ABSOLUTELY NECESSARY** for entry into the *National Crime Information Center*.
  - ❖ Also **ALERTS** police that the child(ren) are covered in case of emergency.

### **ALL OF THE PERSONAL STATISTICAL INFORMATION PROVIDED BY YOU IS CONFIDENTIAL AND IS NOT PUBLIC RECORD!**

You have filed for an **Order of Protection** which is a paper signed by a Night Court Commissioner or Judge to protect you from the Respondent who has abused, stalked, sexually assaulted or threatened you. Most importantly, it can order the Respondent to stay away from you and not harm you. The Protection Order **DOES NOT** go into full effect until the Respondent has received notice of the Court's signed Order. The Protection Order **WILL BE** in full effect when the Sheriff's Office notifies you of the Court date as that indicates the Respondent has received notice. At that point, if s/he comes around you, threatens you, or bothers you, s/he can be arrested by the Police Department on the spot.

If you would like to talk to an Advocate about the Court process or resources to stay safe, please call the **Jean Crowe Advocacy Center at 615-862-4767** (website: <http://advocacycenter.nashville.gov>).

## ORDER OF PROTECTION QUESTIONS

Check **ALL BOXES** below that apply to your situation and identify your relationship with Respondent AND answer any corresponding questions that relate to the checked box.

### 1) CAUTION!!

- Weapons Involved?
- Respondent Owns/Possesses Firearm(s)?  **If checked**, list all firearms: \_\_\_\_\_
- Domestic Violence Warrant Issued?  **DV Warrant #:** \_\_\_\_\_

### 2) RELATIONSHIP IDENTIFIERS:

**Living or have lived together?**  Yes  No

Respondent should move out immediately?  Yes  No

Home or lease in Respondent's name only?  Yes  No

Allow Respondent to obtain personal effects?  Yes  No

**Current or former spouses?**  Yes  No **[WILL BE FILED IN CIRCUIT]**

If married, Respondent should pay spousal support?  Yes  No

If married, Respondent should provide housing?  Yes  No

**Have child(ren) together?**  Yes  No > If YES, please answer the following 3 questions:

Existing Order for child support/visitation/VAP?  Yes **[WILL BE FILED IN CIRCUIT]**

No **[WILL BE FILED IN GENERAL SESSIONS]**

Want temporary custody?  Yes  No

Want child support for child(ren)?  Yes  No

**NOT MARRIED and DO NOT have any children together.** **[WILL BE FILED IN GENERAL SESSIONS]**

**RESPONDENT is a JUVENILE (under 18 years old).** **[WILL BE FILED IN JUVENILE]**

**Related by Blood/Adoption/In-Laws?** **Specify:** \_\_\_\_\_

**Respondent has stalked Petitioner?**

**Dating, dated or had sex?**

**Sexually assaulted by Respondent?**

**Other Relationship Identifiers:** \_\_\_\_\_

### 3) TYPE OF PROTECTION REQUESTED (Respondent be ordered to):

**Not contact:**  Petitioner

Child(ren)

**Stay away from:**  Home

Workplace

Petitioner

**Not damage property or interfere with utilities.**

**Not hurt or threaten any animals.**

### 4) OTHER REQUESTS:

Petitioner gets custody of animals.

Translator needed for (*language*): \_\_\_\_\_

Other: \_\_\_\_\_



5) DO PETITIONER AND RESPONDENT HAVE OTHER COURT CASE(S) (including cases in which the parties have children in common)?  Yes  No **If "yes":**

	Court Name (including County)	Court Address	City	State	Zip Code
1					
2					
3					
4					
5					

**AND** provide the following additional information on each of the cases listed above:

	Court Name (including County)	State	Case # (if you know it)	Kind of Case (check all that apply)					
				Divorce	Domestic Violence	Criminal	Juvenile	Child Custody	Other (specify)
1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



## STATISTICAL INTAKE SHEET FOR CHILD(REN)

**1. List ALL Your Child(ren) UNDER 18:**

Check here if listing addresses would put you or your child(ren) in danger. If **yes**, leave any spaces for addresses blank.

Name of Child	DOB	Is Respondent Parent of Child?	Does Child Need to be Protected From Respondent?	Child's Address
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	

**2. Where Else Have the Child(ren) [you and Respondent have together] Lived During Last 6 Months?**

Child(ren)'s Previous Addresses	Who Did They Live With at This Address?

**3. Custody Rights.** Does anyone besides you or the Respondent claim to have custody or visitation rights to the child(ren) that you and Respondent have together?  Yes  No If **Yes**, who?

Name	Address

# Temporary Order of Protection (Ex Parte Order of Protection)

Petitioner is under 18

Case # (the Clerk fills this in): _____
DCSO # _____

IN THE  CIRCUIT  GENERAL SESSIONS  JUVENILE  
COURT OF DAVIDSON COUNTY, TENNESSEE

**Petitioner** (person needing protection)

If Petitioner is under 18, insert child's name if filed on behalf of an unemancipated person (someone under 18 years of age), pursuant to T.C.A. §36-3-602. This request is being made by \_\_\_\_\_  child's parent,  legal guardian, or  a caseworker.

\_\_\_\_\_ [First] [Middle] [Last]

**Petitioner's Child(ren) Under 18 Protected by this Order:**

<p>Name / DOB / Relationship to Respondent</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p> <p>5. _____</p> <p>6. _____</p>	<p>Name / DOB / Relationship to Respondent</p> <p>7. _____</p> <p>8. _____</p> <p>9. _____</p> <p>10. _____</p> <p>11. _____</p> <p>12. _____</p>
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**Respondent's Information** (person you want to be protected from):

\_\_\_\_\_ [First] [Middle] [Last] [Date of Birth (MM/DD/YYYY)]

\_\_\_\_\_ [Home Address] [City] [State] [Zip]

Respondent's Employer: \_\_\_\_\_ [Employer's Name] [Employer's Phone #]

**Describe Respondent:**

Sex	Race	Hair	Eyes	Height - Weight - SSN - Other	
				Height	Weight
_____	_____	_____	_____	_____	_____
				Social Security #	(Provided to Clerk's Office if known)
				Scars/Special Features	_____
				Phone Number	_____

**Petitioner's Relationship to the Respondent** (Check all that apply):

- We are married or used to be married.
- We live together or used to live together.
- We have a child together.
- We are dating, used to date, or have had sex.
- We are relatives, related by adoption, or are/were in-laws. Specify: \_\_\_\_\_
- We are the children of a person whose relationship is described above. (Specify): \_\_\_\_\_
- The Respondent has stalked me.
- The Respondent has sexually assaulted me.
- Other: \_\_\_\_\_

The Court having reviewed the Petition for Temporary Order of Protection and finding, pursuant to T.C.A. §36-3-605(a), that Petitioner is under an immediate and present danger of abuse from the Respondent and good cause appearing, the Court issues the following:

**Warning!** 

Weapon involved

Has or owns a weapon

**Orders to the Respondent:**

- Do not abuse, threaten to abuse, hurt or try to hurt, or frighten Petitioner and/or Petitioner's minor child(ren) under 18.
- Do not put Petitioner and/or Petitioner's minor child(ren) under 18 in fear of being hurt or in fear of not being able to leave or get away.
- Do not stalk or threaten to stalk Petitioner and/or Petitioner's minor child(ren) under 18.
- Do not come about the Petitioner and/or Petitioner's minor child(ren) protected by this Order (including coming by or to a shared residence) for any purpose.
- Do not contact the Petitioner and/or Petitioner's minor child(ren) protected by this Order, either directly or indirectly, by phone, email, messages, mail or any other type of communication or contact.
- If you and Petitioner shared a residence, **you** must immediately and temporarily vacate the residence shared with the Petitioner, pending a hearing on the matter.
- If you and Petitioner shared a residence, **you** can obtain **your** clothing and personal effects (such as medicine) according to the following process approved by local law enforcement personnel:  
**You will be allowed one (1) opportunity to contact local law enforcement agency to escort or oversee you obtaining your personal effects needed while the application is pending. If law enforcement, for any reason, is unable to accommodate your request, a third party may be designated by you who will be allowed to pick up your clothing, medicine and other personal effects you need until the final hearing on this application.**
- You must not hurt, or threaten to hurt, any animals owned or kept by the Petitioner or Petitioner's children.
- Other orders: **Do not commit or attempt to commit malicious damage to Petitioner and/or Petitioner's child(ren)'s personal property.**

**Go to Court** on (date): \_\_\_\_\_ at \_\_\_\_\_  a.m.  p.m. at:

- Juvenile Court** (615-862-8079) @ Courtroom C, 100 Woodland Street, Nashville, TN 37213.
- General Sessions Court-Civil Division** (615-862-5195) @ Justice A.A. Birch Building, 408 2<sup>nd</sup> Avenue N, Courtroom 4B, Nashville, TN 37201
- 3<sup>rd</sup> Circuit Court** (615-862-5181) @ Historic Courthouse, 5<sup>th</sup> Floor, Courtroom 510, Nashville, TN 37201
- 4<sup>th</sup> Circuit Court** (615-862-5181) @ Historic Courthouse, 5<sup>th</sup> Floor, Courtroom 510, Nashville, TN 37201

**You must obey these Orders until the date of the hearing or until changes are made by the Court.** If you do not agree with these Orders, go to the Court hearing and tell the Court why. If you do not go, the Court can make orders against you. You have the right to bring your own lawyer. If you do not obey all orders on this form, you may be fined and sent to jail.

**Only the Court can change this Order.** Neither you nor the Petitioner can agree to change this Order. Even if the Petitioner tries to contact you or agrees to have contact with you, you must obey this Order. If you do not, you can be sent to jail for up to ten (10) days and fined up to \$50 for each violation. (T.C.A. §36-3-610)

**IF YOU WANT TO TELL YOUR SIDE TO THE JUDGE, YOU MUST BE AT THE HEARING. IF YOU DO NOT COME TO THE HEARING, THE JUDGE WILL DECIDE BASED ONLY ON THE PETITIONER'S TESTIMONY.**

Date: \_\_\_\_\_ Time: \_\_\_\_\_  a.m.  p.m.

  
Judicial Officer's Signature

## Warnings to Respondent:

A copy of this Order will be sent to all law enforcement agencies where Petitioner resides AND any Court in which the Respondent and Petitioner are parties to an action. Any law enforcement officer who reasonably believes you have disobeyed this Order may arrest you.

If you hurt or try to hurt anyone while this Order, probation or diversion is in effect, you may face separate charges for aggravated assault, a Class C felony. (*T.C.A. §39-13-102(c)*)



## Proof of Service:

<p><b>Proof of Service on Respondent of Petition, Notice of Hearing and Temporary Order of Protection on:</b></p> <p>_____ at _____ [Date] [Time] <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.</p> <p>by (<b>check one</b>):</p> <p><input type="checkbox"/> Personal service: _____</p> <p><input type="checkbox"/> U.S. Mail per T.C.A. §20-2-215 and §20-2-216 (The Respondent does not live in Tennessee).</p> <p><input type="checkbox"/> Not Found: _____</p> <p><input type="checkbox"/> Translator Requested / Language: _____</p> <p>_____ Server's Signature</p> <p>_____ Print Name</p>	<p><b>If the Petitioner is under 18</b> and service of these documents would <b>not</b> put him/her at risk, the Clerk will serve and fill out below (T.C.A. §36-3-605(c)).</p> <p><i>I served the child's parents with copies of the Petition, Notice of Hearing, and Temporary Order of Protection by personal delivery or U.S. Mail on:</i> _____ [Date]</p> <p>at (address): _____</p> <p>_____ _____ _____ _____ Clerk's Signature: _____</p>
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### Petitioner Notification

\_\_\_\_\_ Petitioner was notified of the service result on \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_ am / pm.

\_\_\_\_\_ I was unable to reach the Petitioner to give notification of the service result. The Clerk will attempt to give either verbal or written notification of the service result.

### Respondent Notification

\_\_\_\_\_ Respondent was notified of the issuance of the *Temporary Order of Protection* on \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_ a.m. / p.m. by \_\_\_\_\_.



# Petition for Order of Protection and Order for Hearing

Case # (the Clerk fills this in): _____
DCSO # _____

TRANSLATOR REQUESTED / LANGUAGE: \_\_\_\_\_

IN THE  CIRCUIT  GENERAL SESSIONS  JUVENILE  
COURT OF DAVIDSON COUNTY, TENNESSEE

**Petitioner's Name** (person needing protection)

[Petitioner's child(ren) under 18 who are in need of protection are listed below]

If Petitioner is under 18, insert child's name if filed on behalf of an unemancipated person (someone under 18 years of age), pursuant to T.C.A. §36-3-602. This request is being made by \_\_\_\_\_  child's parent,  legal guardian, or  a caseworker.

\_\_\_\_\_  
[First] [Middle] [Last]

**Petitioner's Child(ren) Under 18 Who Petitioner Believes are in Need of Protection:**

Name / DOB / Relationship to Respondent	Name / DOB / Relationship to Respondent
1. _____	7. _____
2. _____	8. _____
3. _____	9. _____
4. _____	10. _____
5. _____	11. _____
6. _____	12. _____

**Respondent's Information** (person you want to be protected from):

\_\_\_\_\_  
[First] [Middle] [Last] [Date of Birth (MM/DD/YYYY)]

\_\_\_\_\_  
[Street Address] [City] [State] [Zip]

Respondent's Employer: \_\_\_\_\_  
[Employer's Name] [Employer's Phone #]

**Describe Respondent:**

Sex	Race	Hair	Eyes	Height - Weight - SSN - Other	
				Height	Weight
_____	_____	_____	_____	_____	_____
				Social Security #	(Provided to Clerk's Office if known)
				Scars/Special Features	
				Phone Number	

1. What is your relationship to the Respondent? (check all that apply):

- a.  We are married or used to be married.
- b.  We live together or used to live together.
- c.  We have a child together.
- d.  We are dating, used to date, or have had sex.
- e.  We are relatives, related by adoption, or are/were in-laws. (Specify): \_\_\_\_\_
- f.  We are the child(ren) of a person whose relationship is described above. (Specify): \_\_\_\_\_
- g.  The Respondent has stalked me.
- h.  The Respondent has sexually assaulted me.
- i.  Other: \_\_\_\_\_

**Warning!**



- Weapon involved
- Has or owns a weapon

2. **List ALL Your Child(ren) UNDER 18:**

Check here if listing addresses would put you or your child(ren) in danger. If **yes**, leave any spaces for addresses blank.

Name of Child	DOB	Is Respondent Parent of Child?	Does Child Need to be Protected From Respondent?	Child's Address
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	

3. **Where Else Have the Child(ren) [you and Respondent have together] Lived During Last 6 Months?**

Child(ren)'s Previous Addresses	Who Did They Live With at This Address?

4. **Other Court Cases.** Is there any Court, other than this Court, in which the Respondent and Petitioner are parties to an action (including cases in which the parties have children in common)?

Yes  No If **Yes**, fill out below:

Court Name (including County)	State	Case # (if you know it)	Kind of Case (check all that apply)					
			Divorce	Domestic Violence	Criminal	Juvenile	Child Custody	Other (specify)
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

5. **Custody Rights.** Does anyone besides you or the Respondent claim to have custody or visitation rights to the child(ren) that you and Respondent have together?  Yes  No If **Yes**, who?

Name	Address



**I ask the Court to make the following Orders after the hearing (check ALL that apply):**

7.  **No Contact**

Please order the Respondent to not contact:  me; and/or

our child(ren) under 18;

either directly or indirectly, by phone, email, messages, text messages, mail or any other type of communication or contact.

8.  **Stay Away**

Please order the Respondent to stay away from:  my home;

my workplace; and/or

from coming about me for any purpose.

9.  **Personal Conduct**

Please order the Respondent NOT to:  cause intentional damage to my property or interfere with the utilities at my home; and/or

hurt or threaten to hurt any animals that I/we own or keep.

10.  **Temporary Custody**

Please give me temporary custody of our child(ren).

11.  **Child Support**

Please order the Respondent to pay reasonable child support.

12.  **Petitioner Support (if married)**

Please order the Respondent to pay reasonable spousal support.

13.  **Move-out / Provide Other Housing**

Please order the Respondent to (*check one*):  move out of our family home immediately, or

provide other suitable housing (if married).

*Check here if your home or lease is in the Respondent's name **only**.*

Please allow the Respondent to obtain his/her clothing and personal effects such as medicine and other things s/he may need (*if parties share a residence*).

14.  **Counseling/Substance Abuse Programs**

Please order the Respondent to go to a certified batterers' intervention program if one is available in the area, or a counseling program.

15.  **No Firearms**

Please order the Respondent NOT to have, possess, transport, buy, receive, use, or in any other way get any firearm. *List all firearms that the Respondent owns, controls, or has access to:* \_\_\_\_\_

\_\_\_\_\_

16.  **Animals / Pets**

Please give me custody and control of any animal owned, possessed, leased, kept or held by me, the Respondent, or the child(ren) listed above.

17.  **Costs, Fees, and Litigation Taxes**

Please order the Respondent to pay all Court costs, lawyer fees, and taxes for this case.

18.  **Other Orders: (General Relief)** \_\_\_\_\_

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



**I also ask the Court to:**

1. Make an immediate Temporary Order of Protection (*Ex-Parte Order of Protection*).
2. Notify law enforcement in this county of that Order.
3. Serve the Respondent a copy of that *Order* and Notice of Hearing to take place within 15 days of service.
4. Serve a copy of the Request, Notice of Hearing, and Temporary Order on the parents of the Petitioner (if the Petitioner is under 18 years of age) unless the Court finds that this would create a serious threat of serious harm to the Petitioner (*T.C.A. §36-3-605(c)*).

**Petitioner (or parent / legal guardian / caseworker) signs here in front of Notary/Clerk/Judicial Officer and swears that s/he believes the above information is true.**

Date:

**Notary fills out below –**

I declare that the Petitioner has read this Petition, and swears it to be true to the best of her/his knowledge.  
 Sworn and subscribed before me, the undersigned authority,

By (*Print name of Notary*):

On this date:

*(Notary's seal here)*

**Notice to the Respondent about Firearms:**

If the Court grants the Petitioner's request for a Protective Order:

- You will not be able to have a firearm while this or any later Protective Order is in effect. You will have to transfer all firearms in your possession within forty-eight (48) hours to any person who is legally allowed to have them. *18 U.S.C. §922(g)(8), T.C.A. §36-3-606(g), T.C.A. §36-3-625.*
- You will not be allowed to buy a firearm until the Court says otherwise.

## Findings of the Court:

- The Court finds good cause and will issue a Temporary Order of Protection.**  
See the attached *Temporary Order of Protection* for the Court's Orders and the scheduled Court date.

- The Court does not find good cause and denies a Temporary Order of Protection.**  
The Court finds there is no immediate and present danger of abuse to the Petitioner and denies the Petitioner's request for a *Temporary Order of Protection*. The Court will set the matter for hearing.

### **ORDER FOR HEARING**

The Petitioner and Respondent must go to Court and explain to the Judge why the Judge should or should not issue an *Order of Protection* against the Respondent.

**Go to Court** on (date): \_\_\_\_\_ at \_\_\_\_\_  a.m.  p.m. at:

- Juvenile Court** (615-862-8079) @ Courtroom C, 100 Woodland Street, Nashville, TN 37213
- General Sessions Court-Civil Division** (615-862-5195) @ Justice A.A. Birch Building, 408 2<sup>nd</sup> Avenue N, Courtroom 4B, Nashville, TN 37201
- 3<sup>rd</sup> Circuit Court** (615-862-5181) @ Historic Courthouse, 5<sup>th</sup> Floor, Courtroom 510, Nashville, TN
- 4<sup>th</sup> Circuit Court** (615-862-5181) @ Historic Courthouse, 5<sup>th</sup> Floor, Courtroom 510, Nashville, TN

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



\_\_\_\_\_  
*Judge / Judicial Commissioner*

**You must obey these Orders until the date of the hearing or until changes are made by the Court.** If you do not agree with these Orders, go to the Court hearing and tell the Court why. If you do not go, the Court can make orders against you. You have the right to bring your own lawyer. If you do not obey all orders on this form, you may be fined and sent to jail.

**Only the Court can change this Order.** Neither you nor the Petitioner can agree to change this Order. Even if the Petitioner tries to contact you or agrees to have contact with you, you must obey this Order. If you do not, you can be sent to jail for up to ten (10) days and fined up to \$50 for each violation (*T.C.A. §36-3-610*).

**IF YOU NEED A TRANSLATOR FOR THE HEARING, IMMEDIATELY NOTIFY DART GORE AT (615) 880-3310.**





**NCIC ORDER OF PROTECTION ENTRY FORM**

**(Print) Information on person (Petitioner) asking for the *Order of Protection*.**

1. Petitioner's (Your) First Name	2. Middle Name	3. Last Name	4. Maiden Name
5. Your Sex	6. Your Race	7. Your Date of Birth	

**(Print) Information on the person (Respondent) that you (Petitioner) are in fear of and want to stay away from you. (Fill in all that is known)**

8. Respondent's First Name	9. Middle Name	10. Last Name					
11. Address (number and street)	12. City	13. State	14. Zip Code	15. Social Security Number			
16. Date of Birth	17. Sex	18. Race	19. Height	20. Weight	21. Eyes	22. Hair	23. State of Birth (Place)
24. Type of Vehicle	25. Year of Vehicle	26. Make of Vehicle	27. <b>Color of Vehicle</b>	28. Model of Vehicle			
29. <b>License Plate Number</b>	30. <b>State of License Plate</b>	31. <b>Vehicle Identification Number</b>	32. D.L. State	33. Drivers License Number			

**Order of Protection Conditions: Must be filled in by Commissioner**

34. \_\_\_\_\_: Ex Parte Order Of Protection      35. Conditions: \_\_\_\_\_      36. O.C.A. Court Number: \_\_\_\_\_  
 (Put as many conditions that may apply)      (Origination Agency Case Number / Comp #)

37. Court Identifier: \_\_\_\_\_ (GS / CC / NC / JC)

**A Judge must fill out Order of Protection Conditions and Brady Law**

38. BRD: \_\_\_\_\_. Must be **Y** for yes, **N** for no, or **U** for unknown. **Yes** means the person is disqualified from possessing, purchasing, or receiving a firearm under Federal Law 18, USC 922.

39. \_\_\_\_\_: Order Of Protection      \_\_\_\_\_: Non-Expiring Order Of Protection      40. Court Identifier: \_\_\_\_\_  
 ( GC / CC / JC)

41. Date of Issue: \_\_\_\_\_      42. Date of Expiration: \_\_\_\_\_

**Research or Entry Section:**

43. FBI Number: \_\_\_\_\_      44. Miscellaneous Number/OCA: \_\_\_\_\_      45. Skin: \_\_\_\_\_

46. FBI Finger Print Classification: \_\_\_\_\_      47. Scars, Marks or Tattoos: \_\_\_\_\_

48. \_\_\_\_\_: Enter "**C**" if the Respondent may be dangerous and caution is needed.      49. **Miscellaneous Information:** \_\_\_\_\_

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50. Date *Order Served*: \_\_\_\_\_      51. Date Entered into NCIC: \_\_\_\_\_      52. NCIC #: \_\_\_\_\_

53. Serving Officer: \_\_\_\_\_      54. EMP #: \_\_\_\_\_      55. TCIC #: \_\_\_\_\_

56. Officer Giving Notice of the *Order of Protection*      57. Employee No.      58. Sector / Shift

59. Contact Name for Validation of the *Order of Protection*      60. Employee No.      61. Date      62. Time (24 hour)