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*).

Revised 4/18/18

To request an ADA accommodation, please contact Dart Gore at 880-3309.

PRINT FULL PACKET

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:_____

To request an ADA accommodation, please contact Dart Gore at 880-3309.

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									
2									
3									
4									
5									

6) Transfer the billing responsibility for and rights to wireless telephone number(s).

Please issue an Order directing _____, a wireless telephone service provider, to transfer the billing responsibility for and rights to the wireless telephone number or numbers of Petitioner since Petitioner is not the account holder.

Current account holder *(name)*:_____

Billing telephone number:_____

New account holder *(name)*:_____

All telephone numbers to transfer to new account holder:

Telephone number *(include area code)*:_____

Telephone number *(include area code)*:_____

Telephone number *(include area code)*:_____

Telephone number *(include area code)*:_____

☐ Check box to include *Attachment* with additional telephone number(s).

If the Judge makes this Order, you will be financially responsible for the transferred wireless telephone number or numbers, including the monthly service costs and costs of any mobile device associated with the wireless telephone number or numbers. You may be responsible for other fees. You must contact the wireless service provider to find out what fees you will be responsible for and whether you are eligible for an account.

To request an ADA accommodation, please contact Dart Gore at 880-3309.

DO NOT E-FILE THIS STATISTICAL SHEET!!!

STATISTICAL INTAKE SHEET FOR ORDER OF PROTECTION

Please read the information you have received and completely fill out the package you have been given to file this Order of Protection. All information is needed to process your paperwork.

(Your Statistical Information is Confidential and is not Public Record)

1. Your Name:_____
   [First] *[Middle]* *[Last]* *[Suffix]* *[Maiden Name]*
2. Home Address:_____
   _____
   City:_____ State:_____ Zip:_____ County:_____
3. Phone Number(s):_____
4. Sex:_____ Race:_____ DOB:_____ SSN:_____
5. Name of a friend or relative who can get a message to you: _____
   Phone number(s) of friend or relative: _____
6. Place of Employment / Work:_____
   Address:_____
   _____
   City:_____ State:_____ Zip:_____ Work Phone #:_____
7. Name of person you want Order of Protection against:
   _____
   [First] *[Middle]* *[Last]* *[Suffix]*
8. Address:_____
   _____
   City:_____ State:_____ Zip:_____ County:_____
9. Phone Number(s):_____
10. Sex:_____ Race:_____ Hair:_____ Eyes:_____ Height (*ft'in"*):_____
    Weight (*lbs.*):_____ DOB:_____ SSN:_____ State of Birth:_____
11. Relationship to Petitioner:_____
12. Distinguishing Features:_____
13. Place of Employment / Work:_____
    Address:_____
    _____
    City:_____ State:_____ Zip:_____ Work Phone #:_____
14. Do you want Batterer's Intervention counseling for Respondent: ☐ YES ☐ NO
15. Vehicles:_____
    [Type] *[Year]* *[Make]* *[Model]*
    _____
    [Type] *[Year]* *[Make]* *[Model]*
15. Driver's License Info:_____
    [D.L. #] *[D.L. State]*
    _____
    [D.L. #] *[D.L. State]*

I hereby declare and certify under penalty of perjury that the foregoing is true and correct. I agree to notify the Clerk's Office of any changes to my home address, work information, or telephone numbers.

_____
PETITIONER

DATE: _____

Revised 4/02/20

To request an ADA accommodation, please contact Dart Gore at 880-3309.

DO NOT E-FILE THIS PAGE

DO NOT E-FILE THIS STATISTICAL SHEET!!!

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
		☐ YES ☐ NO	☐ YES ☐ NO	
		☐ YES ☐ NO	☐ YES ☐ NO	
		☐ YES ☐ NO	☐ YES ☐ NO	
		☐ YES ☐ NO	☐ YES ☐ NO	
		☐ YES ☐ NO	☐ YES ☐ NO	
		☐ YES ☐ NO	☐ YES ☐ NO	
		☐ YES ☐ NO	☐ YES ☐ NO	
		☐ YES ☐ NO	☐ YES ☐ NO	
		☐ YES ☐ NO	☐ YES ☐ NO	
		☐ YES ☐ NO	☐ YES ☐ NO	
		☐ YES ☐ NO	☐ YES ☐ NO	
		☐ YES ☐ NO	☐ YES ☐ 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

DO NOT E-FILE THIS PAGE

♿ **To request an ADA accommodation, please contact Dart Gore at 880-3309.**

Temporary Order of Protection
(Ex Parte Order of Protection)

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

DCSO # _____

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

Petitioner's Name *(person needing protection)*
[List child's name if filed on behalf of person under 18 years of age, pursuant to T.C.A. §36-3-602]

_____
[First] *[Middle]* *[Last]*

Check if applicable:

☐ Petitioner is under 18 and the Petition was filed on behalf of an unemancipated person (someone under 18 years of age), pursuant to *T.C.A. §36-3-602,* by ☐ *child's parent,* ☐ *legal guardian,* or ☐ *a caseworker.*

☐ The Petition was made by a law enforcement officer pursuant to *T.C.A. §36-3-619* and Petitioner consented to the filing of this Petition by the law enforcement officer.

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

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)]*

_____
[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

To request an ADA accommodation, please contact Dart Gore at 880-3309.

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*** (*615-862-7980*) @ Courtroom C, 100 Woodland Street, Nashville, TN 37213.

☐ ***General Sessions Court-Civil Division*** (*615-862-5195*) @ Justice A.A. Birch Building, 408 2nd Avenue N, Courtroom 4B, Nashville, TN 37201

☐ ***3rd Circuit Court*** (*615-862-5181*) @ Historic Courthouse, 5th Floor, Courtroom 510, Nashville, TN 37201

☐ ***4th Circuit Court*** (*615-862-5181*) @ Historic Courthouse, 5th 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

To request an ADA accommodation, please contact Dart Gore at 880-3309.

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)*)

To request an ADA accommodation, please contact Dart Gore at 880-3309.

Proof of Service:

Proof of Service on Respondent of *Petition*, *Notice of Hearing* and *Temporary Order of Protection* on:	**If the Petitioner is under 18** and service of these documents would **not** put him/her at risk, the Clerk will serve and fill out below (*T.C.A. §36-3-605(c)*).
_____ at _____ ☐ a.m. ☐ p.m. ***[Date]*** ***[Time]*** by (***check one***): ☐ Personal service:_____ ☐ U.S. Mail per *T.C.A. §20-2-215* and *§20-2-216* (The Respondent does not live in Tennessee). ☐ Not Found:_____. ☐ Translator Requested / Language:_____ _____ Server's Signature _____ Print Name	*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*: _____ ***[Date]*** at *(address):* _____ _____ _____ _____ Clerk's Signature:_____

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 _____.

To request an ADA accommodation, please contact Dart Gore at 880-3309.

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)*
[List child's name if filed on behalf of person under 18 years of age, pursuant to T.C.A. §36-3-619]

_____
[First] *[Middle]* *[Last]*

Check if applicable:

☐ Petitioner is under 18 and this Petition is being 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.*

☐ This request is being made by a law enforcement officer pursuant to *T.C.A. §36-3-619*. The person on whose behalf this Petition is filed consents in writing to the filing and signs here:

_____.

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 Petitioner's relationship to 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

To request an ADA accommodation, please contact Dart Gore at 880-3309.

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
		☐ *YES* ☐ *NO*	☐ *YES* ☐ *NO*	
		☐ *YES* ☐ *NO*	☐ *YES* ☐ *NO*	
		☐ *YES* ☐ *NO*	☐ *YES* ☐ *NO*	
		☐ *YES* ☐ *NO*	☐ *YES* ☐ *NO*	
		☐ *YES* ☐ *NO*	☐ *YES* ☐ *NO*	
		☐ *YES* ☐ *NO*	☐ *YES* ☐ *NO*	
		☐ *YES* ☐ *NO*	☐ *YES* ☐ *NO*	
		☐ *YES* ☐ *NO*	☐ *YES* ☐ *NO*	
		☐ *YES* ☐ *NO*	☐ *YES* ☐ *NO*	
		☐ *YES* ☐ *NO*	☐ *YES* ☐ *NO*	
		☐ *YES* ☐ *NO*	☐ *YES* ☐ *NO*	
		☐ *YES* ☐ *NO*	☐ *YES* ☐ *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*)

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

To request an ADA accommodation, please contact Dart Gore at 880-3309.

6. **Describe Abuse (use additional sheets of paper if necessary and attach to Petition).**

Describe Abuse, Stalking or Assault [Include, IF APPLICABLE, information about abuse or fear of abuse to your child(ren), personal property or animals]	Where and When Did This Abuse, Stalking or Assault Happen?	Describe Any Weapons Used

To request an ADA accommodation, please contact Dart Gore at 880-3309.

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 types of firearms (pistol, rifle, etc.) that the Respondent owns, controls, or has access to and where the firearm(s) are located:*_____
    _____
    _____
    _____
    _____

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.

To request an ADA accommodation, please contact Dart Gore at 880-3309.

18. ☐ **Transfer the billing responsibility for and rights to wireless telephone number(s).**

Please issue an Order directing _____, a wireless telephone service provider, to transfer the billing responsibility for and rights to the wireless telephone number or numbers of Petitioner since Petitioner is not the account holder.

Current account holder *(name)*:_____

Billing telephone number:_____

New account holder *(name)*:_____

All telephone numbers to transfer to new account holder:

Telephone number *(include area code)*:_____

Telephone number *(include area code)*:_____

Telephone number *(include area code)*:_____

Telephone number *(include area code)*:_____

☐ Check box to include *Attachment* with additional telephone number(s).

If the Judge makes this Order, you will be financially responsible for the transferred wireless telephone number or numbers, including the monthly service costs and costs of any mobile device associated with the wireless telephone number or numbers. You may be responsible for other fees. You must contact the wireless service provider to find out what fees you will be responsible for and whether you are eligible for an account.

19. ☐ **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) declares and certifies under penalty of perjury that the foregoing is true and correct.

▶ _____ Date:_____

Notary fills out below (*T.C.A. §36-3-602*) –

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/Court Clerk signs here *Date Notary's commission expires*

(Notary's seal here)

To request an ADA accommodation, please contact Dart Gore at 880-3309.

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*** (*615-862-7980*) @ Courtroom C, 100 Woodland Street, Nashville, TN 37213

☐ ***General Sessions Court-Civil Division*** (*615-862-5195*) @ Justice A.A. Birch Building, 408 2nd Avenue N, Courtroom 4B, Nashville, TN 37201

☐ ***3rd Circuit Court*** (*615-862-5181*) @ Historic Courthouse, 5th Floor, Courtroom 510, Nashville, TN

☐ ***4th Circuit Court*** (*615-862-5181*) @ Historic Courthouse, 5th 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) 880-3309.

♿ **To request an ADA accommodation, please contact Dart Gore at 880-3309.**

Proof of Service:

Proof of Service on Respondent of *Petition* and *Notice of Hearing*:	**If the Petitioner is under 18 (and Petitioner is a social worker, filing on behalf of a minor)** and service of these documents would **not** put him/her at risk, the Clerk will serve and fill out below (*T.C.A. §36-3-605(c)*).
_____ at _____ ☐ a.m. ☐ p.m. ***[Date]*** ***[Time]*** by (***check one***): ☐ Personal service:_____ ☐ U.S. Mail per T.*C.A. §20-2-215* and *§20-2-216*. (The Respondent does not live in Tennessee) ☐ Not Found:_____ ☐ Translator Requested / Language:_____ _____ Server's Signature _____ Print Name	*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*: _____ ***[Date]*** at *(address)*: _____ _____ _____ _____ _____ Clerk's Signature:_____

Petitioner Notification

_____ Petitioner was notified of the service result on _____, 20_____ at _____ a.m. / p.m.

_____ 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.

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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. Color of Vehicle	28. Model of Vehicle

29. License Plate Number	30. State of License Plate	31. Vehicle Identification Number	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: _____ (Put as many conditions that may apply) 36. O.C.A. Court Number: _____ (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:** _____

_____

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)

Revised 4/18/18

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RESET FORM **PRINT FULL PACKET**