

**IN THE CONTEMPORARY TRIBAL COURT
PUEBLO OF SAN FELIPE
STATE OF NEW MEXICO**

_____,
Petitioner, (Protected Party),

Cause No. _____

And on behalf of minor family members:

_____ DOB: _____
_____ DOB: _____
_____ DOB: _____
_____ DOB: _____

v.

_____,
Respondent, (Restrained Party.)

PETITION FOR ORDER OF PROTECTION FROM DOMESTIC ABUSE

1. COURT ASSISTANCE REQUEST

- We will need an interpreter in to translate for Plaintiff Respondent
- We will need (describe special request for assistance) _____

2. CHILDREN

A. List all minor children of either party.

| CHILD'S NAME | DATE OF BIRTH | RELATION TO YOU | RELATION TO RESPONDENT |
|--------------|---------------|-----------------|------------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |

B. List the **address and with whom** the child(ren) are currently living. List each child separately if child(ren) do not reside with same person.

| NAME | RESIDES WITH | ADDRESS |
|------|--------------|---------|
| | | |

| | |
|----|--|
| 1. | |
| 2. | |
| 3. | |
| 4. | |

C. List each address where child(ren) **have lived** during the last five (5) years.

| |
|----|
| 1. |
| 2. |
| 3. |
| 4. |

D. List each child(ren) separately if they do not reside with either party. Does anyone else have physical custody of the child(ren) or claim to have legal custody or visitation rights?

YES NO If yes, complete the following for the child(ren)

| CHILD'S NAME | PERSON CLAIMING RIGHTS OR CUSTODY |
|--------------|-----------------------------------|
| 1. | |
| 2. | |
| 3. | |
| 4. | |

3. OTHER CASES

List divorce, separation, order of protection, child support, paternity, abuse or neglect cases that have been filed by me, the respondent or the state, include active, inactive or closed cases:

| TYPE OF CASE | YEAR FILED | CASE NUMBER | JURISDICTION CITY/STATE |
|--------------|------------|-------------|-------------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |

| | | | |
|----|--|--|--|
| 4. | | | |
|----|--|--|--|

4. DOMESTIC ABUSE

A. The Respondent committed the following act(s) of domestic abuse against me or a member of my household; (*describe in detail what took place, dates, times and locations.*)

Threats which caused fear that you or any household member would be injured or harmed.

Other types of abuse (verbal, emotional, psychological, etc...), harassment, stalking, or intimidation that has or may endanger you:

B. Other's present during the abuse (who witnessed the activity, incident, occurrence);

C. Did drugs or alcohol play a role in the domestic abuse: YES (list and describe) NO

D. Were any types of weapon(s) used during the abuse? YES (list and describe below) NO

E. Has there been any prior domestic abuse, whether reported to law enforcement or not? YES
(describe in detail what took place, dates and locations.) NO

5. INFORMATION ABOUT THE PETITIONER (if you do not want the Respondent to know your address and phone number, do not include it on this form.)

I DO NOT WANT RESPONDENT TO KNOW MY ADDRESS AND PHONE NUMBER

Physical address is: _____

Mailing address is: _____

Home phone _____ Work phone: _____

6. NOTICE TO THE RESPONDENT

I **have not** told Respondent that I am filing a petition to ask the Tribal Court for an order of protection because I believe irreparable harm would result against me or any members of my household.

I **have** told Respondent that I am filing this petition.

7. INFORMATION AND LOCATION OF RESPONDENT

Is Respondent Currently Incarcerated: YES Where: _____ NO

Respondent may be found at:

Physical Address: _____

Respondents:

1. Home Phone Number: _____ Cell Phone: _____

2. Employer: _____ Phone: _____

3. Employer Address: _____

4. The respondent is: Husband Wife Ex-Husband Ex-Wife Parent of my child(ren)

Boyfriend/Ex Girlfriend/Ex Significant Other

A Person with whom I have had a continuing personal relationship or intimate relationship.

5. Sex: MALE FEMALE OTHER

6. Race: _____

7. DOB: ____/____/____

8. HT: _____ WT: _____ EYES: _____ HAIR: _____

9. SSN: _____ - _____ - _____

10. DL NO. _____ STATE: _____ EXP DATE: _____

11. Distinguishing Features: (Tattoos, Scars etc.): _____

12. Respondent has the following weapons: _____

I HEREBY PETITION THE COURT TO GRANT AND ORDER THE FOLLOWING
(check **all** that apply):

- A. An Ex Parte Order for Protection from Domestic Abuse, due to the serious nature of the abuse and immediate threat of harm or injury by Respondent if not granted.
- B. The Respondent not physically contact me at any time or in any manner or form of communications, nor harm, abuse, harass, stalk, intimidate or threaten me; and that the respondent stays away from my residence, place of employment, and/or school, and stays at least 100 yards away from me at any public places.
 - a. Including having any contact with the minor children identified herein;
 - b. Including any type of contact listed herein during tribal ceremonies, gatherings, or other like type activities.
- C. I remain in the home and the Respondent immediately leave my/our residence located at:

- D. The respondent not sell, remove, pawn, hide, destroy or damage any property, assets, investments, or any financial accounts owned by me or held jointly by both of us.
- E. That Law Enforcement assist me in retrieving my clothing and personal belongings, including child(ren)s if any, from the residence at:

- F. That I be given temporary custody of the child(ren) as indicated herein: (if a custody determination is not requested do not check this box)
 - a. Physical custody with visitation as follows:
 - i. Supervised by Pueblo of San Felipe Family Services Department;
 - ii. Other supervision _____;
 - b. Both legal and physical custody, with no visitations until determined at hearing.
- G. The Court allow the respondent to have the following rights with the child(ren):

- H. Respondent pay: Child Support \$_____._____/child Spousal support \$_____._____
- I. Respondent pay me \$_____._____ for damages and medical bills resulting from the abuse.
- J. Other relief as is necessary to resolve this domestic abuse problem (list or describe relief)

WHEREFORE, I ask that the Court grant my request.

RESPECTFULLY SUBMITTED:

Date: _____

Signature of Petitioner

Print Name