

**State of Minnesota**

County \_\_\_\_\_

**District Court**

Judicial District: \_\_\_\_\_  
Court File Number: \_\_\_\_\_  
Case Type: Domestic Abuse

In the Matter of:

\_\_\_\_\_  
Petitioner (first, middle, last)  
On behalf of:  
Other persons needing protection (first, middle, last)  
\_\_\_\_\_  
\_\_\_\_\_

**Petitioner’s Affidavit and Petition  
For Order for Protection**  
Minn. Stat. § 518B.01

and for her/himself

vs.

\_\_\_\_\_  
Respondent (first, middle, last)

STATE OF MINNESOTA )  
 ) SS  
COUNTY OF \_\_\_\_\_ )  
(county where affidavit signed)

I, \_\_\_\_\_, state that:

I am the Petitioner (the person requesting the order) in this action. This affidavit supports my request for an Order for Protection (OFP). (Minn. Stat. § 518B.01).

**1. Who needs protection?**

- Me (Petitioner)
- My minor child(ren)
- A person for whom I am the legal guardian (attach Guardianship Order)
- A minor child who is not my child, but is a family or household member of mine
- Other: \_\_\_\_\_

**2. Petitioner Information (You)**

Name: (first, middle, last) \_\_\_\_\_

My address or phone is confidential. (Give the confidential information to court administration on a separate sheet of paper.)

My Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_

Race: \_\_\_\_\_ (for federal reporting purposes)

Gender:  male  female Date of birth: (month/day/year): \_\_\_\_\_

**3. Email Notification of Service**

**By providing my email address below, I am indicating that I want to be notified by email when the respondent is served with the OFP.** I understand that this is the only email I will receive from the court about the OFP unless I have signed up to receive other court notices via email. I understand that it will only be possible for the court to notify me by email when service information is received by the court. I understand that a technical or other error could occur preventing the successful delivery of the email, and that I have other options to learn of the service of the OFP on the respondent, including contacting law enforcement directly. I understand I must provide a valid email address in order to receive this notification of service, and that **THIS EMAIL ADDRESS WILL BE SEEN BY THE RESPONDENT:**

Email address: \_\_\_\_\_

**4. Respondent Information: (Person you want protection from)**

Name: (first, middle, last) \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_

Race: \_\_\_\_\_ Gender:  male  female

Date of birth: \_\_\_\_\_ If unknown, age or approximate age \_\_\_\_\_  
month/day/year

If Respondent is under 18 years old, service must be made on Respondent and Respondent's parent or guardian. Parent or guardian name: \_\_\_\_\_

Parent or guardian address: \_\_\_\_\_

**5. List all persons needing protection, other than you. None**

Name (first, middle, last)	Race	Gender	Date of Birth	Lives with you?	How is this person related to you?	How is this person related to Respondent?
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No		

		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No		

6. List all minor children you and Respondent have together (biological and adopted), not listed at #5.  None

Name (first, middle, last)	Date of Birth	Who has the child now?
		<input type="checkbox"/> Me <input type="checkbox"/> Respondent <input type="checkbox"/> Other
		<input type="checkbox"/> Me <input type="checkbox"/> Respondent <input type="checkbox"/> Other
		<input type="checkbox"/> Me <input type="checkbox"/> Respondent <input type="checkbox"/> Other
		<input type="checkbox"/> Me <input type="checkbox"/> Respondent <input type="checkbox"/> Other
		<input type="checkbox"/> Me <input type="checkbox"/> Respondent <input type="checkbox"/> Other

7. List all minor children living with you, not listed at #5 or #6.  None

Name (first, middle, last)	Date of Birth	How is this child related to you?	How is this child related to Respondent?

8. What is your relationship to Respondent? (Check all that apply)

- Married. Marriage date: \_\_\_\_\_
- Divorced. Marriage date: \_\_\_\_\_ Divorce date: \_\_\_\_\_
- Living together since \_\_\_\_\_ (date)
- Lived together from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_
- Have a child together
- Have an unborn child together
- Parent/Child
- Related by blood
- Significant romantic or sexual relationship.

The relationship lasted from (date): \_\_\_\_\_ until \_\_\_\_\_  
 How often did you have contact with Respondent during that time? \_\_\_\_\_  
 \_\_\_\_\_

9. **Is there an Order for Protection in effect now** between you (or anyone else listed at #5) and Respondent? Yes No

If yes, when does the Order expire? \_\_\_\_\_

In what County and State was the Order made? \_\_\_\_\_

What is the Court Case Number? \_\_\_\_\_

The Order requires (name) \_\_\_\_\_ to stay away from  
 (names) \_\_\_\_\_

10. **Orders for Protection no longer in effect:**

Have you, or any of the people listed at #5, had an Order for Protection against Respondent in the past? Yes No (If no, skip to #11.)

If yes, how many? \_\_\_\_\_ (If a temporary order expired because law enforcement was not able to serve Respondent with the OFP, you do not have to list it here.)

Provide the following details:

Court File Number, if known	County and State

11. Now, or in the past, have you (or other persons at #5) and Respondent been jointly involved in **other family court, domestic abuse criminal cases, or harassment restraining order cases**? Yes No

Check the box if you and Respondent have a current or closed Court Case of this type:

Divorce Custody Paternity Child Support Child Protection

Domestic Abuse criminal charges Domestic Abuse criminal conviction

Harassment Restraining Order

For each box checked, provide the following case information, if known:

Case Type    Case Number    State/County    Year Filed    Names of Children involved

\_\_\_\_\_

\_\_\_\_\_

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12. **Why do you (or the persons listed at #5) need an Order for Protection?**

Describe the abuse by answering the questions below. If there are several dates, use the *Description of Abuse Attachment* to describe what happened on the other dates.

Date of most recent abuse: \_\_\_\_\_

Who was there: \_\_\_\_\_

Describe what Respondent did to physically harm you (or others at #5) or make you afraid. If you were injured, also describe the injuries. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Was medical treatment received for any injuries? Yes No If Yes, list the dates and locations where medical treatment was received. \_\_\_\_\_

\_\_\_\_\_

Describe any use or threatened use of guns or other weapons: \_\_\_\_\_

\_\_\_\_\_

During the incident, did Respondent interfere with a 911 or emergency call? Yes No

Describe the interference: \_\_\_\_\_

Did the police/sheriff come? Yes No If Yes, list dates and other details. \_\_\_\_\_

\_\_\_\_\_

13. (Optional) If there is a **history of abuse** by Respondent against persons at #5, in addition to the recent incidents, you may briefly explain the history here: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

14. **Do you believe that the domestic violence will continue** and that you or other persons at #5 are in immediate danger? Yes No Why? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

15. Does Respondent work or attend school at the same place as Petitioner or any other protected persons? Yes No

REQUESTS FOR RELIEF

16. Relief that does not require a hearing:

I ask the court to order the things I checked below in (a) through (k). I understand that requesting these things does not require a hearing to be held.

I understand that if the court issues an Ex Parte Order, the judge may set a hearing and/or the Respondent may request a hearing.

I understand that if the court does not issue an Ex Parte Order, the judge may dismiss the matter, or may set a hearing, unless I do not want a hearing (indicate by checking the box below).

I DO NOT want a hearing. If the court does not issue an Ex Parte Order, I ask that no hearing be scheduled and that the matter be dismissed. I understand that this means there will be no Order issued and no further proceedings.

Based on this affidavit, I am asking the court to make the following orders:

- a.  Issue an Ex Parte Order for Protection to protect  me  all persons listed at #5. (These are the protected persons.)
- b.  Restrain and enjoin Respondent from causing *the protected person(s)* any physical harm, or fear of immediate physical harm.
- c.  Order Respondent to have no contact with *the protected person(s)* whether in person, with or through other persons, by telephone, mail, e-mail, through electronic devices, social media, through a third party, or by any other means, except as follows:

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

d. Exclude Respondent from:

- i.  My home or the home Respondent and I share.
- My address is confidential OR

My home address is: \_\_\_\_\_

And a reasonable area surrounding my home, specifically as follows: \_\_\_\_\_

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

Except as follows: \_\_\_\_\_  
\_\_\_\_\_

ii.  The home of \_\_\_\_\_ (*protected person(s)*).

The address is confidential OR

The home address is: \_\_\_\_\_  
\_\_\_\_\_

And a reasonable area surrounding this home, specifically as follows: \_\_\_\_\_  
\_\_\_\_\_

Except as follows: \_\_\_\_\_

e.  Restrain Respondent from calling or entering  Petitioner's  \_\_\_\_\_'s  
workplace including all land, parking lots and buildings at:

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street, City, State

Except as follows: \_\_\_\_\_  
\_\_\_\_\_

f.  Restrain Respondent from entering \_\_\_\_\_ at  
the following address: \_\_\_\_\_

Street, City, State

Except as follows: \_\_\_\_\_

g.  Order Respondent to continue all currently available insurance coverage without  
change in coverage or beneficiaries.

h.  Order the possession and care of a pet or companion animal as follows: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

i.  Order Respondent to refrain from physically abusing or injuring any pet or  
companion animal, without legal justification, known to be owned, possessed, kept, or  
held by either party or a minor child residing in the residence or household of either party  
as an indirect means of intentionally threatening the safety of such person.

j.  Direct local law enforcement to provide the following assistance: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

k.  Other: \_\_\_\_\_

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**17. Relief that requires a hearing**

In addition to the orders requested above, I ask the court to order the following things. I understand that if I request any of the following things, a hearing must be held.

- a.  Grant me temporary custody of the joint minor child(ren) subject to parenting time for the Respondent as detailed at #18. (Fill out #18)
- b.  Order Respondent to pay a reasonable amount of money for the support of our joint minor child(ren). (Fill out #19)
- c.  Order Respondent to pay a reasonable amount of money to me for my living expenses (Fill out #19)
- d.  Award me temporary use and possession of personal property (describe the property):  
\_\_\_\_\_
- e.  Restrain respondent from disposing of or destroying the following property: \_\_\_\_\_  
\_\_\_\_\_
- f.  Order Respondent to pay me restitution in the amount of \$\_\_\_\_\_ (Fill out #20)
- g.  Order Respondent to attend counseling, treatment, or other social services as follows:
  - Domestic Abuse program
  - Alcohol/chemical dependency evaluation and follow recommended treatment
  - Mental health evaluation and follow recommended treatment
  - Other \_\_\_\_\_
- h.  Prohibit Respondent from shipping, transporting, possessing, or receiving any firearms or ammunition.
- i.  Issue the Order for Protection for a period up to 50 years because:
  - Respondent has violated a prior or existing Order for Protection on two or more occasions
  - Petitioner/*protected person* has had two or more Orders for Protection in effect against this Respondent.

**Additional Information to Support my Requests that Require a Hearing**

**18. Temporary Custody and Parenting Time**

*If you and Respondent have a minor child together, you can ask the court to make temporary orders about custody, parenting time, or support for the child. To ask for these*

*temporary orders, paternity must be established by marriage, Recognition of Parentage, or Paternity Order.*

Do you want custody or parenting time ordered?  Yes  No If No, skip to #19. If Yes, fill in the information below.

a.  Temporary custody of the following joint minor child(ren): \_\_\_\_\_

\_\_\_\_\_ should be awarded to me because: \_\_\_\_\_

b.  Respondent should have parenting time as follows:

(Check all that apply)

Unsupervised parenting time at the following days/times:

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

No parenting time because: \_\_\_\_\_

\_\_\_\_\_

Supervised parenting time because: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ with supervision as follows:

at a safety center or appropriate facility, if available.

supervised by a relative, friend, or other third party

Parenting time subject to the following conditions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

We should exchange the children for parenting time exchanges at an appropriate facility: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

## 19. Financial Support

I want the court to order Respondent to financially support me or our joint children.  Yes

No If No, skip to #20. If Yes, fill in the information below.

a. I am seeking  child support  spousal maintenance  medical support/health insurance. *Note: You must be married to get spousal maintenance for your living expenses.*

My income is \$\_\_\_\_\_ per month from \_\_\_\_\_ (source).

I have monthly expenses of \$\_\_\_\_\_, including \$\_\_\_\_\_ for our joint minor child(ren).

Respondent's income is \$\_\_\_\_\_ per month from \_\_\_\_\_ (source) or  unknown. Respondent is

employed  unemployed  unknown. The name and address of

Respondent's employer is: \_\_\_\_\_

b. I have childcare costs for the joint children of \$\_\_\_\_\_ per month because of employment or school.

c. Health insurance for  me  child(ren) is through:

My employer

Respondent's employer

Minnesota Care

Private insurance I purchase

Private insurance Respondent purchases

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

d. Other information about why you want financial support: \_\_\_\_\_

## 20. Restitution

I want the Court to order Respondent to reimburse me for expenses I incurred because of the domestic abuse.  Yes  No If Yes, fill in the information below.

My expenses total \$\_\_\_\_\_.

Describe the expenses (such as medical expenses or costs to repair or replace damaged property) \_\_\_\_\_

*(Be prepared to bring receipts or other proof of the expenses to the court hearing.)*

21. I further request such other relief at the time of the full hearing as the Court finds necessary for the protection of a family or household member, including orders or directives to law enforcement agencies.

I declare under penalty of perjury that everything I have stated in this document is true and correct.  
Minn. Stat. § 358.116.

Signature of Petitioner:

Dated: \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

(If your address is confidential do not include it here)

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: (      ) \_\_\_\_\_

E-mail address: \_\_\_\_\_

**ATTACHMENT FOR DESCRIPTION OF ADDITIONAL ABUSE**

**Date of next incidence of abuse:** \_\_\_\_\_

Who was there: \_\_\_\_\_

Describe what Respondent did to physically harm you (or others at #4) or make you afraid. If you were injured, also describe the injuries. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Was medical treatment received for any injuries? Yes No If Yes, list the dates and locations where medical treatment was received. \_\_\_\_\_

\_\_\_\_\_

Describe any use or threatened use of guns or other weapons: \_\_\_\_\_

\_\_\_\_\_

During the incident, did Respondent interfere with a 911 or emergency call? Yes No If yes, describe the interference: \_\_\_\_\_

Did the police/sheriff come? Yes No If Yes, list dates and other details. \_\_\_\_\_

\_\_\_\_\_

**Date of next incident of abuse:** \_\_\_\_\_

Who was there: \_\_\_\_\_

Describe what Respondent did to physically harm you (or others at #4) or make you afraid. If you were injured, also describe the injuries. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Was medical treatment received for any injuries? Yes No If Yes, list the dates and locations where medical treatment was received. \_\_\_\_\_

\_\_\_\_\_

Describe any use or threatened use of guns or other weapons: \_\_\_\_\_

\_\_\_\_\_

During the incident, did Respondent interfere with a 911 or emergency call? Yes No If yes, describe the interference: \_\_\_\_\_

Did the police/sheriff come? Yes No If Yes, list dates and other details. \_\_\_\_\_

\_\_\_\_\_