

CONFIDENTIAL

PFA OFFICE USE ONLY

Date: _____ Time: _____ PFAD #: _____ Pltf. PD: _____
 PFA #: _____ Custody #: _____ Divorce #: _____
 Cross File: _____ Elderly: _____ Interpreter: _____ Race: _____ Sex: _____
 Final Hrg Date: _____ Time: _____ a.m. Judge: _____

PFA PLAINTIFF INFORMATION (PERSON FILING PETITION)

Your Full Name: _____ [O/B/O] _____

Date of Birth: _____ Social Security No.: _____ Race: _____

Address: _____ Apt.# _____ City: _____ State: _____ Zip: _____
 Rented by: _____ Owned By: _____

Phone Number (Day): _____ (Home/Work/Cell) (Evening): _____ (Home/Work/Cell)
 [CIRCLE ONE] [Add 2nd number & CIRCLE ONE or write SAME]

Does the abuser know your address and phone number? Yes _____ No _____ [MUST CHECK Y or N]
 If No, should they remain confidential? Yes _____ No _____

MINORS REQUESTED TO BE PROTECTED PERSONS (MINOR CHILDREN ONLY)

				Child of Defendant (if yes, please check)
Name: _____	Sex: _____	DOB: _____	Age: _____	<input type="checkbox"/>
Name: _____	Sex: _____	DOB: _____	Age: _____	<input type="checkbox"/>
Name: _____	Sex: _____	DOB: _____	Age: _____	<input type="checkbox"/>
Name: _____	Sex: _____	DOB: _____	Age: _____	<input type="checkbox"/>
Name: _____	Sex: _____	DOB: _____	Age: _____	<input type="checkbox"/>

For the past five (5) years, where have the children resided and with whom? _____

What is your relationship to the person you are filing against?: [check ALL that apply]

- Spouse Ex-Spouse Parent/Child Parents of the same child
- Brother/Sister Current or former sexual/intimate partner Other: _____

Did you file an Emergency PFA Petition? YES: _____ NO: _____ If so, what date? _____

Have you and the person you are filing against had any prior court actions together?: [check ALL that apply]

- Divorce Custody Support Protection From Abuse

If you have a current custody order, please briefly explain the terms and conditions of your Order: _____

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Sheriff & PFA Office Use Only

Date: _____ PFAD #: _____ Def. PD: _____

DEFENDANT'S (Abuser) IDENTIFYING INFORMATION

Full Name: _____

Address: _____ Apt.# _____ City: _____ State: _____ Zip: _____

Phone Number (Day): _____ (Home/Work/Cell) (Evening): _____ (Home/Work/Cell)
[CIRCLE ONE] [Add 2nd number & CIRCLE ONE or write SAME]

Date of Birth: _____ Sex: _____ Race: _____ Hair: _____ Eyes: _____

Height: _____ ft. _____ in. Weight: _____ lbs. Social Security No.: _____

Skin Tone: Light Medium Dark Place of Birth (State/Country): _____

Driver's License No.: _____ Driver's License State: _____

Does Defendant own any firearms? Yes No If yes, what type and location: _____

Does Defendant have a license to carry a gun? Yes No Unknown

Employer's Name: _____ Address: _____

Hours: _____ Phone No.: _____

(AM) (PM)

Has Defendant been involved in any criminal court action? Yes No Unknown

Is Defendant on probation/parole? Yes No Unknown If yes, which County/State? _____

Has Defendant been determined to be a perpetrator in a founded or indicated report under the Child Protective Services Law? Yes No Unknown If yes, which Court? _____

Identifying Info. (example: glasses, tattoos and/or scars) Give location on the body and description:

When is the best time to serve Defendant? _____ Where? _____

Possible Alternate Service Locations (ex: Bars, Friends, Family, etc.) _____

Does the Defendant speak English? Yes No If No, what Language: _____

Name of Borough/Township where the Defendant lives: _____

What Police Department covers that area? _____

Vehicles: (Year, Make, Model, Style and Color): _____

CHECK ONE: 2 Door 4 Door Motorcycle Pickup Truck

Plaintiff's Name: _____

Home#: _____ Work#: _____ Cell#: _____

PFA TERMS AND CONDITIONS

CHECK THE FOLLOWING BOXES IF THEY APPLY

Plaintiff is asking the court to evict and exclude the Defendant from Plaintiff's residence.

Address: _____

owned by: Plaintiff Defendant Both Other _____

rented by: Plaintiff Defendant Both Other _____

Defendant owes a duty of support to Plaintiff and/or the minor child/ren.

Plaintiff has suffered out-of-pocket financial losses as a result of the abuse. Those losses are:

I ASK THE COURT TO ENTER A TEMPORARY ORDER, and AFTER HEARING, A FINAL ORDER THAT WOULD DO THE FOLLOWING (CHECK ALL YOU ARE REQUESTING):

A. Restrain Defendant from abusing, harassing, stalking, threatening or attempting or threatening to use physical force against Plaintiff or the minor child/ren in any place where Plaintiff or the child/ren may be found.

B. Evict/exclude Defendant from Plaintiff's residence and prohibit Defendant from attempting to enter any temporary or permanent residence of Plaintiff.

C. Require Defendant to provide Plaintiff or the minor child/ren with other suitable housing.

D. Award Plaintiff temporary custody of the minor child/ren and place the following restrictions on contact between Defendant and child/ren:

(MUST explain what limits you want on Defendant's contact with the child/ren if you Check D.)

E. Prohibit Defendant from having any contact with Plaintiff or the minor child/ren, in person, by telephone, or in writing, personally or through third persons, including but not limited to any contact at Plaintiff's school, business, or place of employment, except as the court may find necessary with respect to partial custody with the minor child/ren.

F. Prohibit Defendant from having any contact with Plaintiff's relatives and Plaintiff's children listed in this petition, except as the court may find necessary with respect to partial custody with the minor child/ren.

The following persons are Plaintiff's relatives or family and household members that Plaintiff believes require protection from stalking and harassment by Defendant:

Name: _____ Relationship to you: _____

Address: _____

- G. Order Defendant to temporarily relinquish firearms, other weapons, or ammunition listed on Attachment A to Petition, under Defendant's control, or in Defendant's possession, or any firearm license to the sheriff or the appropriate law enforcement agency.
- H. Prohibit Defendant from acquiring or possessing firearms for the duration of the order.
- I. Order Defendant to pay temporary support for Plaintiff or the minor child/ren, including medical support and Payment of the rent or mortgage on the residence.
- J. Direct Defendant to pay Plaintiff for the reasonable financial losses suffered as the result of the abuse, to be determined at the hearing.
- K. Order Defendant to pay the costs of this action, including filing and service fees.
- L. Order Defendant to pay Plaintiff's reasonable attorney's fees.
- M. Order the following additional relief, not listed above:

- N. Grant such other relief as Plaintiff requests or the court deems appropriate.
- O. Order the police, sheriff, or other law enforcement agency to serve Defendant with a copy of this petition, any order issued, and the order for hearing. Plaintiff will inform the designated authority of any addresses, other than Defendant's residence, where Defendant can be served.
- P. Direct the Pennsylvania State Police, the municipal police, or the sheriff to accompany Plaintiff to his or her residence to retrieve personal belongings or accompany Plaintiff while the petition and order is served on Defendant, if Plaintiff has reason to believe his or her safety is at risk.

VERIFICATION

I verify that I am the petitioner as designated in the present action and that the facts and statements contained in the above Petition are true and correct to the best of my knowledge. I understand that any false statements are made subject to the penalties of 18 Pa.C.S. §4904, relating to unsworn falsification to authorities.

Signature: _____

Date: _____

