PETITIONER NOTICE

You are informed that:

Notary Public

- 1. The information given in your affidavit and petition will be used by the Bois Forte Chief Judge when deciding whether to issue an Ex Parte Order and/or Order for Protection.
- 2. You may refuse to provide the requested information in your affidavit and petition.
- 3. If you refuse to provide the information in your affidavit and petition; the Bois Forte Chief Judge may not be able to grant you an Ex Parte and/or Order for Protection.
- 4. If you supply the requested information, an Ex Parte and/or Order for Protection will become public information when Ex Parte and/or Order for Protection is executed or served. The information in your described acts domestic abuse is not provided to the public.
- 5. Respondent will receive a copy of this petition; the Respondent will not be given your address and phone number.
- 6. Any child abuse will be reported to the appropriate authority.
- 7. I'm giving my permission for Victim Services staff to file this on my behalf with the courts.

By signing this I'm being made aware of what may happen with my affidavit and petition.

Petitioner Signature

Subscribed and sworn to before me this
_____ day of ______, 20_____

ORDER FOR PROTECTION INSTRUCTION SHEET

What is an Order for Protection?

An Order for Protection (OFP) is a court order signed by a judge that may help protect you from actual or imminent domestic violence between family and/or household members or dating partners. An OFP orders an abuser not to contact, harm, or threaten to harm you, your children, or other people the judge agrees to list on the OFP. You can also ask the judge to order the abuser to do certain things, or stop doing certain things, to help keep you safe.

Who may apply for an OFP?

The person applying for the OFP is called the petitioner. The person you are seeking protection from is called the respondent.

The petitioner may apply for an OFP if:

- The petitioner has been the victim of domestic violence committed by the respondent or the petitioner is in danger of domestic violence from the respondent; AND
- The petitioner and respondent are family or household members (which includes spouses, intimate or dating partners).

Please see the legal definitions below to see if domestic abuse has happened in your situation, and to see if the petitioner and respondent are family or household members.

Can I apply for an OFP on behalf of another person?

Yes – in certain situations, a petitioner may apply on behalf of another person.

A petition may be filed on behalf of a minor or incapacitated person by the following individuals:

- Another or family household member of the abused minor or incapacitated person.
- A legal guardian or conservator of the abused minor or incapacitated person; and
- If determined by the Tribal Court to be in the best interests of the minor or incapacitated person, a reputable adult.

A person aged 16 or 17 may apply for an OFP on their own if there has been domestic abuse, and the respondent is someone that petitioner:

- Is married to:
- Was married to; or
- Has a child with, if the judicial officer finds that the petitioner has sufficient maturity and judgment, and that it is in the best interest of the minor.

Where may the petitioner apply for an OFP?

A petitioner may apply for an OFP:

- In the reservation or county where the petitioner lives;
- In the reservation or county where the respondent lives;
- In the reservation or county where the domestic abuse happened;
- In any county where there is a pending or completed family court case involving the petitioner and the respondent, or their minor children, such as a divorce or child custody case; or
- In the court with jurisdiction over divorce actions.

How much does the cost to apply for or to serve the OFP?

There is no filing fee required for any individual applying for an OFP based on alleged domestic violence. If issued, the OFP will be served by law enforcement at no cost to the petitioner.

What is the criteria for granting an OFP?

The Court will grant your OFP if, after service on the respondent and a hearing, you provide the Court a showing of actual or imminent "Domestic Violence" committed against you by a "Family or Household Member or Dating Partner."

What is "Domestic Violence?"

Section 1208, subd. 4, of the Band's Domestic Violence Code defines Domestic Violence as follows:

Domestic violence means the commission of any one of the following crimes where the abuser is or was a family or household member or dating partner of the victim:

- The act of inflicting physical harm or bodily injury, or the infliction of fear of imminent physical harm or bodily injury, through the commission or attempted commission of Abduction; Criminal Sexual Conduct; Sexual Assault; Prostitution and Sex Trafficking; Simple Assault; Aggravated Assault Substantial Bodily Harm; Aggravated Assault Dangerous Weapon; Aggravated Assault Dangerous Weapon, Substantial Bodily Harm; Assault Strangulation; Assault Great Bodily Harm; Stalking; Harassment; Abuse of an Elder or Vulnerable Adult; Arson; Robbery: under Chapter VI of the Bois Forte Tribal Code, Crimes and Offenses, or any other crimes of violence as defined by 18 U.S.C. § 16;
- Physically harming, attempting to physically harm, or placing the victim in reasonable fear of
 physical harm to himself or herself. Reasonable fear may be produced by behavior which
 induces fear in the victim, including harassment, stalking, destruction of property, controlling the
 victim's conduct by threat or force, or physical harm or threat of harm or bodily injury to
 members of the victim's family or household member or household pets; and/or
- Preventing a victim from accessing victim or social services or interfering with an emergency call (911, emergency medical or ambulance services or any call for assistance from a police or fire Order for Protection Instruction Sheets

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department, or for other assistance needed in an emergency to avoid harm to person or property; and includes any method of communication).

What is a "Family or Household Member or Dating Partner"?

Section 1208, subd. 7, of the Band's Domestic Violence Code defines "Family or Household Member or Dating Partner" as follows:

Family or household member or dating partner means:

- Current or former spouses or intimate partners;
- Parents, guardian, step-parent and children;
- Persons related to the victim by blood, marriage, or adoption, brother, sister, stepbrother, stepsister, first cousin, aunt, uncle, nephew, niece, grandparent, great-grandparent, great-uncle, great-aunt;
- Persons who are presently residing together or who have resided together in the past;
- Persons who have a child in common regardless of whether they have been married or have lived together at any time;
- A man or woman if the woman is pregnant and the man is alleged to be the father, regardless of whether they have been married or have lived together at any time;
- Persons involved in a significant romantic, dating, or sexual relationship; or
- Person who are or have been in a social relationship of a romantic nature, as determined by the length of the relationship, the type of relationship, and the frequency of interaction between the person involved in the relationship.

A person's gender or sexual orientation shall not be relied upon to determine whether that person is a family or household member.

<u>PLEASE NOTE:</u> If you do not meet the criteria for an OFP (for example, if your circumstances do not meet the definition of "Domestic Violence" or the abuser is not a "family or household member or dating partner"), you may still be able to seek protection from the Court by obtaining a Harassment Restraining Order (HRO) against the person harassing you. Please ask for the HRO forms.

GENERAL INSTRUCTIONS

Instructions for completing an OFP:

Please answer to the best of your knowledge every question on the Petition. The judge uses the information you provide to decide whether to issue an OFP. If you choose not to provide all of the information, the judge may not be able to grant your request and issue an OFP.

Whatever information you give the court will become public information as soon as the court receives notice that the Respondent has been served with the OFP or Order for Hearing. You may, however, file a Confidential Address/Phone Request form to ask the court to keep your address and/or telephone number confidential in this case.

PETITION CAPTION

The caption on page 1 of the Petition needs to be filled out by you.

On the line above the word "Petitioner," write your full name on the line above the word,

On the line above the words "Other person(s) needing protection," list the full name of each person on behalf of whom you are applying for an OFP.

On the line above the word "Respondent," write the full name of the person from whom you are seeking protection from.

NOTE: The numbers of these instructions are the same as the numbers on the affidavit and petition.

PETITIONER INFORMATION

1. Petitioner: Write in your full legal name, complete address, date of birth, gender, race, phone number, and a valid email address.

Important: If you do not want the Respondent to know your address or phone number or if you do not want your address or phone number to be part of the public file, DO NOT WRITE YOUR ADDRESS HERE;

Check the box indicating that you want your address or phone number to be confidential. You will need to fill out the Petitioner's Confidential Information Form. (Please see the attached Petitioner's Confidential Information form.)

- *You must also communicate to the Court staff that you do not want your address or phone number to be part of the public file.
- 2. Read the information in the "Email Notification of Service" section carefully.

If you would like to receive an email notification when service has happened, add an email address where you would like to receive that notice.

You are not required to provide an email address.

NOTE: This email address is not confidential.

LEAVE THIS BLANK if you do not want to receive an email notification regarding service.

3. In the first part of #3, check all boxes that apply. If you checked a box for anyone other than yourself, then fill out the table for each person in need of protection.

OTHER MINOR CHILDREN

Questions #4 and #5 are about OTHER MINOR CHILDREN. These are children that you did not list at #3 and which you are not requesting protection for.

- 4. Check the box if you and the respondent have any minor children together (biological or adopted), and then fill out the table:
- 5. If any other minor child (not listed at #3 or #4) lives with you, check Yes, and then fill out the table.

RESPONDENT INFORMATION

6. Respondent is the person you are seeking protection from. Write in the full legal name, the complete address where to be served, date of birth, gender, race, phone number, and a valid email address. If you do not know Respondent's date of birth, please give an age.

Note: If the respondent is a minor (under the age of 18 years old) then you should also list: the Respondent's parent(s) or guardian(s) name, address, and email address.

7. In #7, you are telling the court how each person who needs protection (look at the boxes you checked at #3) knows the Respondent. Check all of the boxes that apply to your situation.

OTHER COURT CASES

Questions #8 through #10 are about OTHER COURT CASES.

- 8. If there is a current OFP (one that is in effect right now), between anyone listed at #3 and the Respondent, check Yes, and answer the questions about the OFP. If there is more than one current OFP, add another sheet of paper.
- 9. If there have ever been any OFPs between respondent and anyone listed at #3, check Yes, and answer the questions about the past OFPs. There is room for you to list past OFPs; if there were more than three, add another sheet of paper.
- 10. This section is asking whether there are or have been any other cases that involved Respondent and anyone listed at #3. Examples of other cases are:

Family Court cases (like divorce/dissolution or custody);

Domestic abuse criminal cases; and

Harassment restraining order (HRO) cases.

If you need more space, add another sheet of paper. If you are not sure of the details, contact court administration for help.

DESCRIPTION OF DOMESTIC ABUSE

Questions #11 through #14 are about the DOMESTIC ABUSE. It has many sections to help you describe what happened and why you are requesting an OFP.

- 11. In this long section, describe the domestic abuse and provide, to the best of your knowledge, the following information:
 - Date of abuse.
 - Who was present;
 - Respondent's conduct (threatening or harmful conduct that caused you, and anyone else listed at #3, to be afraid):
 - Weapons (if any);
 - Injuries (if any);
 - 911 or emergency call (if one was made); and
 - Law enforcement involvement.

If there are several incidents, start with the most recent incident, and then describe other incidents on additional forms entitled *Attachment for Description of Abuse*.

- 12. In addition to what you listed at #11, if Respondent has a history of abuse, you may explain that history at #12.
- 13. Check the box to let the court know whether you believe the domestic abuse will continue and whether you (or other persons listed at #3) are in immediate danger, and then explain your answer.
- 14. Check the box to let the court know whether the Respondent works or goes to school at the same place as you (or other persons listed at #3). If the answer is Yes, explain.

REQUESTS FOR RELIEF

The next section of the form is where you let the court know what kind of judicial "relief" you want. You may ask the court to order the Respondent to do certain things, or to stop doing certain things, in order to help keep you or others safe. This is called "requesting relief."

- The court can order the relief listed in #15 without first holding a hearing based on a finding of immediate danger of Domestic Violence. This is called an Ex Parte Order. An Ex Parte Order is temporary, and a full hearing must be held within 30 days of issuance of an Ex Parte Order.
- The court can order the things listed in #16 through #22 only after the Respondent has been served and a full hearing has been held.

Read this section carefully to see what may happen when the judge reviews your Petition for OFP.

It is possible that the judge will not grant an Ex Parte OFP and will not grant the relief requested in #15. If this happens, you have the right to ask for a hearing so that you can explain to the judge why the OFP should be

granted. The respondent has the right to be present at the hearing. Some petitioners do not want to do this because they do not want the respondent to find out they applied for an OFP. If the court denies your request for an Ex Parte Order and you do not want a hearing at all, let the court know by check the box in this section.

- 15. There are eleven (11) things you can ask for in #15, each marked with a letter (a through k).
 - a. Check this box if you want the court to order the Respondent not to physically harm you or other protected person(s), or cause you or other protected person(s) to fear immediate physical harm.
 - b. Check "B" if you want the court to order the Respondent not to have contact with anyone listed at #3.
 - If you need to have some limited contact with the Respondent, describe what kind of contact is okay. For example, some petitioners may feel it is okay for the respondent to contact them by email, but only to arrange parenting time exchanges.
 - If you need more space for your answer, use an additional sheet of paper.
 - c. This section asks whether or not the Respondent may come to your home or other places where you live or spend time. If there are exceptions, please describe. For example, if it is okay for the respondent to park at the curb in front of your home to exchange the children for parenting time, you can write that in the "except as follows" section.

If you do not want the respondent to know your address, or if you do not want your address to be part of the public file, DO NOT WRITE YOUR ADDRESS HERE. Instead, check the box showing you want your address kept confidential, and use Confidential Address/Phone Request to give you address to the court.

- d. This section asks whether or not the Respondent may come to the home or other places where anyone listed at #3 live or spend time. If there are exceptions, please describe.
- e. Check this box if there is a work address that you want the Respondent to stay away from, and list the employer's name and address, and any exceptions.
- f. Check this box if there is an additional place or address that you want the Respondent to stay away from, such as a school or daycare. List the address and any exceptions.
- g. Check this box if you want the court to order the Respondent to keep the insurance in place without any making any changes in coverage or beneficiaries.
- h. Check this box if you have a specific request about who should keep and take care of any pets or companion animals. Give the animal's name, type, and location.
- i. Check this box if either party, or a minor child who lives in or is a household member of either party, has a pet or companion animal to ask the court to order the Respondent not to abuse or injure the animal as a way of threatening the safety of the other party or minor child.

- j. Check this box if you need law enforcement to help you in some way, and describe what you want the court to order law enforcement to do (for example, provide protection as you collect your belongings from a home you share with the respondent).
- k. If there is something else you want the court to order, and it is not covered already in #15 though #23, you can list it here. The judge will decide whether anything you ask for in "k" will require a hearing.

Questions #16 through #22 pertain to the following types of requests:

- 16. **Temporary custody and parenting time.** You may be able to ask the court to make temporary orders about custody, parenting time, or support for a minor child that you and Respondent have together. However, paternity must be established by marriage, Recognition of Parentage, or a court order regarding paternity. There may also be an order regarding third party custody involving the children and an adult other than the parents.
- 17. **Financial Support.** Answer these questions if you want the Respondent to provide temporary support for:
 - a. Your minor joint child;
 - b. Your own living expenses (but only if the Respondent is your spouse); and/or
 - c. Medical support or health insurance.

In order to help the judge decide how much financial support you need, please:

- o Answer the questions about your income and expenses;
- o Answer the questions about the Respondent (if you know the answers);
- o Answer the questions about health insurance and child care; and
- o Include any other information about why you need the Respondent to provide you with temporary financial support.
- 18. **Property.** Use this section to ask the court to give you the temporary use and possession of personal property, or to ask the court to order the Respondent not to get rid of or destroy property. Please list what the property is and where it is located.
- 19. **Restitution.** If you want the court to order the Respondent to pay you for expenses resulting from the domestic abuse, answer the questions in this section. If you ask for restitution, be prepared to bring receipts or other proof of the expense to the court hearing.
- 20. **Counseling, treatment, or services.** Use this section if you want the court to order the Respondent to go to counseling or treatment, or to get a mental health evaluation.
- 21. **Firearms and Ammunition.** Check this box if you want the judge to order the Respondent not to possess firearms or ammunition. Under federal law, it is a crime for the Respondent to possess or transport firearms or ammunition while there is a "qualifying protective order" in place. In order for an

OFP to be a "qualifying protective order," a hearing must be held and other requirements must also be met. If you have concerns about these questions, or how your safety may be affected by the Respondent's access to firearms or ammunition, please speak with an advocate or an attorney. To be connected with an advocate, you may call the Bois Forte Victim Services Program.

- 22. Extended time frame for OFP. Check this box if you want the court to issue the OFP for a period of time up to two years because the Respondent has violated an OFP two or more times or any protected person in the petition has had two or more OFPs in effect against the Respondent.
- 23. You do not have to specifically indicate anything for #23.

SIGNING, COMPLETING, AND FILING THE PETITION

After completing the petition, review your petition for accuracy and completion and read the statement indicating that you declare under penalty of perjury that everything you stated in the petition is true and correct.

- A. Sign your name under penalty of perjury. Then print your name on the line under your signature. By signing your name under penalty of perjury, you are stating that the information in the document is true to the best of your knowledge. If you know something in the form is not true after signature, you could be found guilty of the crime of perjury.
- B. List the date you signed the form.
- C. List the county and state you were in when you signed the form.
- D. List your address, telephone number, and email address. However, if you are asking the court to keep your address and/or telephone number confidential, do not list your address and/or phone number here. Instead, fill out and file the Confidential Address/Phone Request form.

The following forms should be filed with the court administration:

- Petition for Order for Protection
- •Law Enforcement Information Sheet
- •Confidential Address/Phone Request-ONLY if you are asking that your address and/or phone number be kept confidential.
- If applicable, additional Attachments for Description of Additional Domestic Abuse.

You can file the forms in the following ways. (After the Petition has been notarized.)

- •In person at the courthouse.
- •By mail; or
- Asking a victim's rights or victim services' advocate to file for you.

Once all your forms are filed, the court will make a decision about your requests and issue an order. When the order is ready, you will get a copy of the order. It is important that you make a copy of the order and keep the order with you at all times.

Read your order carefully. Did the judge:

- Grant your request for Ex Parte temporary Order for Protection (OFP)?
- •Deny your request for an Ex Parte Order?

- •Dismiss the case (not grant your request)?
- •Schedule a hearing (with or without an Ex Parte Order)?

If the judge GRANTS the Ex Parte Order, it will be effective immediately. The Court will schedule the matter for a full hearing. The Ex Parte Order will be in effect until the hearing. Depending on the outcome of the hearing, the OFP may or may not continue.

If the judge DENIES the request for the Ex Parte Order and you ask for a hearing, then court administration will schedule a hearing. The court will send a notice of the date and time of the hearing to you and to the Respondent. There will be no OFP in effect before the hearing. You must attend the hearing. If you do not attend the hearing, the OFP may be dismissed.

If the judge DISMISSES the case, this means that the judge does not believe that what you described in your petition fits the definition of domestic abuse, or may not have enough information to make a decision. You can talk to a domestic abuse advocate or get legal advice to see what your options might be.

A copy of any order (except dismissed OFPs) must be served on the Respondent. If your petition gave an address in Minnesota where the Respondent can be served, court administration will send the documents to law enforcement who will try to personally serve the Respondent. There is no fee for this service.

If Respondent is under 18 years old and you gave the court the name and address of the Respondent's parent or legal guardian, the court will mail a copy of the order to Respondent's parent or legal guardian.

Service is complete when law enforcement personally delivers a copy of all paperwork to the Respondent. It may take them several tries to serve the Respondent, which could take a week or more.

If law enforcement is unable to serve Respondent within 14 days, the Ex Parte Order will expire UNLESS, before the end of the 14 days, you file the Affidavit in Support of Request for Alternative Service or Publication.

NOTE: An OFP issued after a hearing will not expire if the Respondent cannot be served.

If a hearing is scheduled, you must attend the hearing. If you do not attend the hearing, the OFP may be dismissed.

If you are granted an Ex Parte Order, the Ex Parte Order could be dismissed if you do not attend the hearing and offer evidence about the domestic abuse.

New address? If an address changes, you must immediately notify:

- •Court administration; and
- •Local law enforcement agency where you now live.

You can use the Notice of Change of Address form.

If the new address is confidential, use the CHANGE OF Confidential Address/Phone Request form.

If you relocate, it is important that the law enforcement agency serving the place of your new residence has a copy of the Order for Protection. If you want to make sure that this happens, ask the court administrator to mail a copy of the Order for Protection to the law enforcement agency.

The Bois Forte Victim Services are required to provide clerical assistance with writing and filing the petition.

NOTE: If a hearing is scheduled and an emergency arises that results in your nonappearance at the hearing, you must call the clerk of Tribal Court about rescheduling. If you do not have a good reason for not appearing, the court may dismiss this Order for Protection petition.

It is important that you make a copy of any OFP court order and keep the OFP court order with you at all times.

MINNESOTA CHIPPEWA TRIBE BOIS FORTE BAND OF CHIPPEWA BOIS FORTE TRIBAL COURT

***************	*****************
IN THE MATTER OF:	
Petitioner (first, middle, last name)	AFFIDAVIT AND PETITION
On behalf of:	ORDER FOR PROTECTION
Other person(s) needing protection	
(first, middle, last name)	
vs.	
	Case File #
Respondent (first, middle, last name)	
*************	************
PLEASE READ INSTRUCTIONS	BEFORE FILLING OUT THESE FORMS
I am the Petitioner (the person requesting the order) for an Order for Protection (OFP) under Bois Forte	in this action. This affidavit and petition supports my request Tribal Code Chapter XII.
PETITION	ER INFORMATION
Petitioner: (first, middle, last name)	
My date of birth is:/ Is	am a □ female □male. My race is:
(This information is necessary for Fe	ederal reporting requirements.)
Address:	
☐ I am requesting that my address be l	kept confidential by submitting the completed Petitioner's
Confidential Address/Phone Request Form	to the court.
(Note: if you choose this option, Do NOT fi	ill in your address below.)
OR	
☐ I am not requesting that my address be ke	ept confidential.

	My address is:						
		ldress, City, Sta	ite, Zip Code))			
	☐ I am requesting that Confidential Address/P. (Note: if you choose thi OR	hone Reques is option, Do	t Form to the NOT fill in	he court. n your phor	ne number belo	ow.)	eted Petitioner's
	My phone number is: _		O1	r			
 Email Notification of Service By providing my email address below, I ask to be notified by email when the Respondent 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 receive other court notices via US mail, It will only be possible for the court to notify me by email when service information is receive the court, A technical or other error could happen that prevents the successful delivery of the email, I have other options to learn of the service of the OFP on the Respondent, including contact law enforcement directly, and I must provide a valid email address in order to receive email notification of service. THIS EMAIL ADDRESS WILL BE SEEN BY THE RESPONDENT:					igned up to ion is received ne email, ng contacting		
	Valid email address:						
3.	Who needs protection? ☐ Myself (Petitioner) ☐ My minor child(ren) ☐ A person for whom I am the legal guardian/conservator (please attach the Order Appointing Guardianship or Conservatorship, if you have it) ☐ A minor child who is not my child, but is a family or household member of mine ☐ An incapacitated person who is a family or household member of mine ☐ Other:						
	List all persons needing protection, other than you.				☐ Check box	x if none	
	Name (first, middle, last)	Date of Birth	Gender	Race	Lives with you?	How is this person related to you?	How is this person related to Respondent?
			\Box F \Box M		□Yes □No		
			□Г□М		□Yes □No		
			□F □M		□Yes □No		
		TANK TANK TANK TANK TANK TANK TANK TANK	□F □M		□Yes □No		
			□F □M		□Yes □No		
			\Box F \Box M		□Yes □No		

OTHER MINOR CHILDREN

	Name (first, middle, last)	Date of Bi	rth Gend	ler	Race	Who has the cl	nild now?
			□F□	lM		□Me □Respond	lent □Other
				lM		□Me □Respond	lent □Other
				lM		□Me □Respond	lent □Other
				IM		□Me □Respond	lent □Other
Are	there any other mir	nor children l	iving with y	ou that are	e not listed in #	3 or #4. (Even	if you are r
	ted to them)? \Box Ye				information be	•	•
	Name (first, middle, last)	Date of Birth	Gender	Race	Lives with you?	How is this person related to you?	How is this perso related to Respondent?
					□Yes □No		
			\Box F \Box M		□Yes □No		
			□F □M		□Yes □No		
			□Г□М		□Yes □No		
		RESP	ONDENT	INFORM	IATION		
Res	pondent: (first, mide						
Res	pondent also known	n as:					
Resi	pondent's address is	S:					
•			lress to where	the Respond	lent can be served	1)	
Resp	pondent's phone nu	mber(s):			_ or		_
Resp	pondent is a □ fema	ale □ male a	nd his/her r	ace is:			. <u>. </u>
Resp	pondent's date of bi				own, age, or ap al reporting requir		s:
Is th	ne Respondent unde	r the age of 1	8? □	Yes □No (If the responde	ent is under 18 y	ears old,
	rice must be made of ent(s) or guardian na	-		_	**		
Pare	ent(s) or guardian ac	ldress:					
Resi	pondent's known va	alid email add	Iragg:				

7.	How does the	e person needing p	protection know the Respon	dent? (che	eck all boxes that apply):		
					e date:		
				t	0		
		ild(ren) together	_				
		inborn child toget	her				
	□ Parent of	` '					
	□ Related by		1 1 4 1 7 7 1 1 1	•,	1 1		
	☐ Significar	ii romaniic or sex onshin lasted fron	ual relationship. (if checked	, answer it	ems below):		
	How often	n did you have co	ntact with Respondent durir	ng that time	e?		
			OTHER COURT				
8.	Is there an Or	der for Protection	in effect now between you	(or anyon	e else listed at #3) and Respondent?		
	□Yes □No	If no, skip to #9		, ,	•		
	If yes, when o	loes the Order for	Protection expire?				
	What is the Court Case Number?						
	The order req	uires (Name)			to stay away from		
	(Names)						
9.	Order for Protection <u>no</u> longer in effect: Have you, or anyone/any persons listed at #3, had an Order for Protection against Respondent in the						
	•		·	r for Protec	ction against Respondent in the		
	past? □Yes □	lNo (If no, sk	ip to #10)				
			If a temporary order expired, you do not have to list it h		law enforcement was not able to		
	Please provide	e the following de	tails:				
		File or Case		Year			
	Case Type	Number	Tribal, State or County	Filed	Name of Children involved in case		
			·				
			 	İ			
				, T. T. T. A. T.			
	• •	-	isted at #3) and Respondent	•	<u> </u>		
		· -		Cases, of I	narassment restraining order		
	cases? ∐Ye:	s □No If no, skip	to #11				

	If yes, check the box Check all that apply:		at type of case (curre	nt or close	ed) you and Respondent have (or had):		
	☐ Divorce ☐ Custody ☐ Paternity ☐ Child Support ☐ Child Protection						
	☐ Harassment Restraining Order ☐ Domestic Abuse criminal charges						
	☐ Domestic Abuse criminal conviction						
	For each box checked above, provide the following case information. If you are not sure of the details contact the court administration for help:						
	Case Type	Case Number	Tribal/State/County	Year Filed	Names of Children Involved		
		DES	CRIPTION OF DO	MESTIC	CABUSE		
	Why do you (or other answering the question	-	ed at #3) need an Or	der for Pro	otection? Describe the abuse by		
	□Check this box if the	here are seve	ral dates involved ar	d complet	te as many additional Attachment for		
	Description of Additi	onal Abuse f	orms needed to desc	ribe what	happened on the other dates.		
lost 1	Recent Incident						
	Date of most recent abuse:						
	Who was there?						
	Describe what the Respondent did to threaten or physically harm you (or other persons listed at #3) or						
	make you (or other persons listed at #3) afraid.						
	-						
•							
•							
,	· · · · · · · · · · · · · · · · · · ·						
•							
•	☐ Attached is nu	mber of addi	itional sheet(s) of dea	scription o	of abuse.		
Weap	oons						
-	Describe any use or th	nreatened use	e of guns or other we	eapons:	□Check this box if none were used		

Injuries	
Was anyone injured? □Yes □No (If no, skip to "911 or Emergency Call") Describe the injuries:	
Was medical treatment received for any injuries? □Yes □No	
If yes, answer these questions about medical treatment:	
Who received medical treatment?	
	
When and where was medical treatment received?	
911 or Emergency Call	
During the incident, did Respondent interfere with a 911 or emergency call? □Yes □No	
If yes, describe the interference:	
Law Enforcement	
Did law enforcement respond? □Yes □No	
If yes, list dates and describe what happened when law enforcement responded:	
·	·
Are there other incidents you need to describe in the attachment? □Yes □No	
12. Besides the recent incidents, if you want the court to know about any history of abuse by Responde you may briefly explain the history here:	nt,

13. Do you believe that the domestic violence will continue and that you (or other persons listed at #3) are

in immediate danger? \Box Yes $\;\Box$ No

Explain why or why no	t:
4. Does Respondent work	or attend school at the same place as you (or other persons listed at #3)
☐ Yes ☐ No	

REQUESTS FOR RELIEF

You can ask the court for several types of "Relief" (things you can ask the court to order) in an OFP. The first section below (#15) includes relief that may be issued in an Ex Parte Order prior to a hearing being held.

The second section (#16 - #22) includes relief that the court cannot order unless there is a hearing first.

Description of Ex Parte Court Order

An Ex Parte Court Order is a temporary court order issued by the court without a hearing and based only on your Petition. Upon review of your Petition, if the court finds by a preponderance of the evidence that you or other persons listed at #3 are *in immediate danger* of Domestic Violence, the court may grant an Ex Parte temporary order, pending a full hearing, granting the relief requested in #15.

An Ex Parte Court Order can remain in effect for no more than thirty (30) days, unless terminated or amended by the court.

A full hearing will be set by the court no later than thirty (30) days from the issuance of the Ex Parte Court Order.

I understand that asking for relief in #15 (a) through (k) does not require a hearing to be held prior to the relief being granted, but I understand that such relief will be temporary and subject to a full hearing within thirty (30) days of issuance of the Ex Parte Court Order.

I understand that if the court does not issue an Ex Parte Court Order, the judge may either:

- Dismiss the matter or
- May set the matter for a hearing unless you do not want a hearing.

In the event an Ex Parte Court Order is not granted, check the following box if you do **not** want a hearing:

□ I do not want a hearing if the court does not issue an Ex Parte Court Order, I ask that no hearing be scheduled and that the matter be dismissed. I understand that this means there will be no Order for Protection issued and this case will be closed.

Based on this Petition, I ask the court for the following:

	court to issue an Ex Parte Order for Protection to protect all persons listed at #3 and to order the eck below in (a) through (k):						
a.	☐ Order Respondent not to physically harm the protected person(s) or cause the protected person(s) to fear immediate physical harm.						
b.							
	person, by telephone, US mail or other carrier service, e-mail, through electronic devices,						
	social media, through a third party, or by any other means, except as follows:						
c.	☐ Order Respondent to stay away from:						
	i. My home or the home Respondent and I share.						
	☐ My home address is confidential						
	OR My home address is						
	My home address is						
	☐ Except as follows:						
d.	☐ The home of(protected person(s) listed at #3).						
	\Box The address is confidential.						
	OR						
	Home address is:						
	☐ And reasonable area surrounding this home, specifically as follows:						
							
	☐Except as follows:						
e.	\square Order Respondent not to call or enter workplace of						
	☐ Petitioner						
	☐ Other protected person listed at #3:						
	including all land, parking lots, and buildings at:						
	Employer Name:						
	Address:Except as follows:						
	\square Is there another workplace? \square Yes \square No						

	If Yes:
	Employer Name:
	Address:
	Except as follows:
f.	☐ Restrain Respondent from entering:
	at the following address:
	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.	☐ Order local law enforcement to provide the following assistance:
k.	☐ Other:
Relief that requ	uires a hearing
through #21. Not the requested reli	at you requested in #15, you may ask the court to order any of the relief listed below in #16 e: If you request for anything listed below, a hearing must be held before the court will grant ef. stody and Parenting Time
	ant temporary physical custody or parenting time ordered for joint minor children?
□Yes □1	, · · •
	in the information below. sk for temporary physical custody of the joint minor children:
1 (,)	ik for temporary physical custody of the joint filmor children.
-	
	
\sqcup 1 as	sk the court to order parenting time for the Respondent as follows: (Check all that apply)

	Chaupervised parenting time for the Respondent on the following days/times.
	OR OR
	☐ No parenting time for the Respondent because:
	OR
	☐ Supervised parenting time for the Respondent because:
	with supervision as follows: (Please check a box)
	☐ At a safety center or appropriate facility, if available.
	☐ Supervised by a relative, friend, or other third party:
	☐ Any parenting time the Respondent has should have the following conditions:
	☐ If the court orders parenting time, we should exchange the children at:
·	☐ Other:
Financial S	upport
17 □ I wa	ant the court to order Respondent to financially support me or our joint children.
□ 1 68	□No If No, skip to #18.
If Yes:	
Order 1	Respondent to provide support in the following way(s) (check all that apply):
	er Respondent to pay a reasonable amount of money for the support of our joint minor children.
	er Respondent to pay a reasonable amount of money to me for my living expenses:
	Note: you must be married to get spousal maintenance for your living expenses.
⊔ Ord	er Respondent to provide medical support and/or health insurance.
	a. Your income and Expenses
	Income is \$ / month from (source).

spondent's Income spondent's Income is \$ ource) OR unknown. spondent's Employment spondent is: Employed. The name and address es the Respondent have more the respondent is and address of the complex of the com	ess of Respondent's employers an one job? Yes No	er is:		
spondent's Income is \$ ource) OR unknown. spondent's Employment spondent is: Employed. The name and address es the Respondent have more the respondent have more the respondent and address of the respondent have more the respondent have more the respondent have more the respondent and address of the respondent have more than the respondent have been respondent have more than the respondent have the respondent had the respondent had the respondent had the respondent had the respondent h	ess of Respondent's employers an one job? Yes No	er is:		
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spondent's Employment spondent is: Employed. The name and address the Respondent have more the Yes, list the name and address of Unemployed	nan one job? □Yes □No			
spondent is: Employed. The name and address es the Respondent have more the respondent have more the respondent address of the name and address of the respondent have more than the respondent have been the respondent had the respondent had been the respondent had been the respondent had been the responden	nan one job? □Yes □No			
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es the Respondent have more the Yes, list the name and address of Unemployed	nan one job? □Yes □No			
Yes, list the name and address o	•	yers here:		
Unemployed	f Respondent's other employ	yers here:		
•				
Unknown				
CHAHOWH				
ildcare Costs				
	int children of \$	per month because of		
rk or school.				
I do not have childcare costs be	cause of work or school.			
Health insurance				
alth insurance for \square me \square joint	children is through the follo	owing (check all that apply):		
My employer, □Respondent's e	employer, □Minnesota Care	e, □Private insurance I		
chase, ☐ Private insurance Res	pondent purchases, No he	ealth insurance,		
Other:				
ner Information				
0.4	ou are requesting financial su	and a sub-		
0	ther:			

20. Do you want Respondent to attend counseling, treatment, or other social services? ☐ Yes ☐ No (If No, skip to #21) If Yes: Order Respondent to attend counseling, treatment, or other social services as follows: ☐ Domestic Violence Inventory (DVI) will benefit Respondent with identification of the levels of risk pertaining to domestic violence behaviors. ☐ Domestic Abuse program will benefit Respondent with education and information pertaining to domestic violence behaviors. ☐ Alcohol/chemical dependency evaluation and follow recommended treatment, because: ☐ Mental health evaluation and follow recommended treatment, because:	☐ Oı	der Respondent not to dispose of or destroy the fo	ollowing property:
19. Choose one: Respondent to pay me restitution of \$			
19. Choose one: Respondent to pay me restitution of \$			
19. Choose one: Respondent to pay me restitution of \$			
19. Choose one: Respondent to pay me restitution of \$			
19. Choose one: Respondent to pay me restitution of \$			
19. Choose one: Respondent to pay me restitution of \$	D - 424 - 42	· ·	
□ Respondent to pay me restitution of \$	Restitution	_	
OR I am not requesting restitution. (Be prepared to bring receipts or the proof of the expense to the court hearing.) Counseling, Treatment, or Services 20. Do you want Respondent to attend counseling, treatment, or other social services? Yes No (If No, skip to #21) If Yes: Order Respondent to attend counseling, treatment, or other social services as follows: Domestic Violence Inventory (DVI) will benefit Respondent with identification of the levels of risk pertaining to domestic violence behaviors. Domestic Abuse program will benefit Respondent with education and information pertaining to domestic violence behaviors. Alcohol/chemical dependency evaluation and follow recommended treatment, because: Mental health evaluation and follow recommended treatment, because: Other	19. Choo	se one:	
OR I am not requesting restitution. (Be prepared to bring receipts or the proof of the expense to the court hearing.) Counseling, Treatment, or Services 20. Do you want Respondent to attend counseling, treatment, or other social services? Yes No (If No, skip to #21) If Yes: Order Respondent to attend counseling, treatment, or other social services as follows: Domestic Violence Inventory (DVI) will benefit Respondent with identification of the levels of risk pertaining to domestic violence behaviors. Domestic Abuse program will benefit Respondent with education and information pertaining to domestic violence behaviors. Alcohol/chemical dependency evaluation and follow recommended treatment, because: Mental health evaluation and follow recommended treatment, because: Other	□ Re	spondent to pay me restitution of \$	(the amount of expenses I had
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□ I am not requesting restitution. (Be prepared to bring receipts or the proof of the expense to the court hearing.) Counseling, Treatment, or Services 20. Do you want Respondent to attend counseling, treatment, or other social services? □ Yes □ No (If No, skip to #21) If Yes: Order Respondent to attend counseling, treatment, or other social services as follows: □ Domestic Violence Inventory (DVI) will benefit Respondent with identification of the levels of risk pertaining to domestic violence behaviors. □ Domestic Abuse program will benefit Respondent with education and information pertaining to domestic violence behaviors. □ Alcohol/chemical dependency evaluation and follow recommended treatment, because: □ Other Firearms and Ammunition 21. □ Prohibit Respondent from shipping, transporting, possessing, or receiving any firearms or			
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20. Do you want Respondent to attend counseling, treatment, or other social services? ☐ Yes ☐ No (If No, skip to #21) If Yes: Order Respondent to attend counseling, treatment, or other social services as follows: ☐ Domestic Violence Inventory (DVI) will benefit Respondent with identification of the levels of risk pertaining to domestic violence behaviors. ☐ Domestic Abuse program will benefit Respondent with education and information pertaining to domestic violence behaviors. ☐ Alcohol/chemical dependency evaluation and follow recommended treatment, because: ☐ Mental health evaluation and follow recommended treatment, because: ☐ Other	Connadina	T	
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to domestic violence behaviors. Alcohol/chemical dependency evaluation and follow recommended treatment, because: Mental health evaluation and follow recommended treatment, because: Other Firearms and Ammunition 21. Prohibit Respondent from shipping, transporting, possessing, or receiving any firearms or			
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☐ Mental health evaluation and follow recommended treatment, because: ☐ Other			
Other Firearms and Ammunition 21. Prohibit Respondent from shipping, transporting, possessing, or receiving any firearms or		☐ Alcohol/chemical dependency evaluation and	follow recommended treatment, because:
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21. Prohibit Respondent from shipping, transporting, possessing, or receiving any firearms or		U Other	
	Firearms ar	ıd Ammunition	
		· · · · · · · · · · · · · · · · · · ·	
ammunition, because:			
	ammu	nition, because:	

Extended Time Frame for OFP	
22. ☐ Issue the OFP for a period up to	o 2 years because:
-	d a prior or existing OFP on two or more occasion.
	son has had two or more OFPs in effect against this Respondent.
□ 1 cuttofier, protected per	son has had two of more OFFs in effect against this Respondent.
23. \square Grant other relief at the time of	f the full hearing as the court finds necessary for the protection of a
family or household member, incl	uding orders or directives to law enforcement agencies.
I declare and a coult C	
i declare under penalty of perjury that	t all information I have stated in this document is true and correct.
	Signature of Petitioner:
	2
Date	
	Print Name:
	(If your address is confidential do not include it here)
	Address:
	City/State/Zip:
	Telephone:
	E-mail address:
Sylvanilla dan dan san ta ba Carana (1.)	
Subscribed and sworn to before me this	
day of, 20	
Notony Dublic	_

Most Recent Incident

Continued from Page 5, additional information Date of the most recent abuse: Continue to describe what the Respondent did to threaten or physically harm you (or others at #3) or make you afraid.

ATTACHMENT FOR DESCRIPTION OF ADDITIONAL ABUSE

Additional Incident
Date of abuse:
Who was there?
Describe what the Respondent did to threaten or physically harm you or others or make you or others
afraid.
Weapons
Describe any use or threatened use of guns or other weapons: Check this box if none were used
Injuries
Was anyone injured? □Yes □No (If no, skip to "911 or Emergency Call")
Describe the injuries:
Was medical treatment received for any injuries? □Yes □No If yes, answer these questions about medical treatment: Who received medical treatment?
When and where was medical treatment received?
911 or Emergency Call
During the incident, did Respondent interfere with a 911 or emergency call? □Yes □No
If yes, describe the interference:
Law Enforcement
Did law enforcement respond? □Yes □No
If yes, list dates and describe what happened when law enforcement responded:
Are there other incidents you need to describe in the attachment? □Yes □No

MINNESOTA CHIPPEWA TRIBE BOIS FORTE BAND OF CHIPPEWA BOIS FORTE TRIBAL COURT

**************************************	**************************************
IN THE MATTER OF:	
Petitioner (first, middle, last name) On behalf of:	PETITIONER REQUEST TO KEEP ADDRESS/PHONE CONFIDENTIAL
Other person(s) needing protection (first, middle, last name) vs.	
	Case File #
Respondent (first, middle, last name)	
***********	**********
In an Order for Protection case, the court shall keep the addr protected party confidential, if you ask. If an address or phor be available to the Respondent or the public. The information enforcement for purposes of services of process, conducting request only applies to this Order for Protection case. There you, where your address is public.	ne number is confidential, the information will not n may be disclosed only to court staff or law an investigation, or enforcing an order. Your
I am the Petitioner in this case.	
 Choose one of the boxes below: I am asking for an Order for Protection and am asl number confidential. OR 	cing the court to keep an address and/or phone

	etion and I am notifying the court of a change in address and/or phone ep the updated address and/or phone number confidential.
2. ☐ I want to keep my phone i My phone number is:	number confidential and not accessible to the public.
Can the court leave a messag	e at this number?
3. ☐ I want to keep my home a	ddress confidential and not accessible to the public.
My address is:	
Street:	
City, State, Zip:	
C/O:	
(if staying at a shelter or s mail to you at this address	omeone else's home, you can put their name here to make sure the post office delivers
	number of a protected party, other than me, confidential and not accessible
to the public.	
Protected Party's Name:	1
	ber:
Can the court leave a message	e at this number?
	ldress of a protected party, other than me, confidential and not accessible to
the public.	
	ne:
Protected Party's Add	
Street:	
G 10	
mail to you at this address)	omeone else's home, you can put their name here to make sure the post office delivers
NOTICE: The court needs your full	mailing address and phone number to be able to send you notices and
orders on your case.	and professional factors to be dole to bend you notices and
Signature of Petitioner:	
	Date:
Print Name:	<u> </u>
E-mail address:	

MINNESOTA CHIPPEWA TRIBE BOIS FORTE BAND OF CHIPPEWA BOIS FORTE TRIBAL COURT

IN THE MATTER OF:	
Petitioner (first, middle, last name)	PETITIONER REQUEST for DISMISSAL of ORDER FOR PROTECTION
On behalf of:	ORDERTORTROTECTION
Other person(s) needing protection (first, middle, last name)	
VS.	
Respondent (first, middle, last name)	Case File #
*************	. ب ب ب ب ب ب ب ب ب ب ب ب ب ب ب ب ب ب ب
Petitioner requests dismissal of the Order for Protection	
Because:	
I declare under penalty of perjury that everything I have	stated in this document is true and correct.
Signature of Petitioner:	
	Date:
By signing here, requests dismissal (Sign only in front of Notate Print Name:	ry Public)
Subscribed and sworn to before me this	
day of, 20	
Notary Public	