

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

**PETITIONER'S AFFIDAVIT AND  
PETITION FOR  
ORDER FOR PROTECTION**

Court File Number: \_\_\_\_\_

IN THE MATTER OF:

Petitioner Full Name:  
(First, Middle, Last, Suffix)

**vs.**

Respondent Full Name:  
(First, Middle, Last, Suffix)

On Behalf of Minor Full Name(s):

DOB:

The undersigned Petitioner, being sworn on oath, states that:

I am the Petitioner in this action. I am requesting that the Bois Forte Tribal Court issue a Order for Protection against the Respondent because I, and/or my minor children or a person for whom I am the legal guardian, am/is a victim of domestic violence/abuse.

**1. Petitioner Information.**

Petitioner Full Name: \_\_\_\_\_

Petitioner Date of Birth: \_\_\_\_\_

Petitioner Enrollment Status:

Enrolled -Tribe: \_\_\_\_\_  Descendant  Not Enrolled

Petitioner Address:

Street: \_\_\_\_\_ Apt: \_\_\_\_\_

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

Mailing Address if different: \_\_\_\_\_

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

Petitioner Telephone Number(s): \_\_\_\_\_

I *am* requesting that my address/email/telephone number(s) be kept confidential, and I am submitting a completed *Confidential Address/Email/Phone Request* form with this Petition.

**OR**

I am *not* requesting that my address/email/telephone number(s) be kept confidential.

**2. Respondent Information.**

Respondent Full Name: \_\_\_\_\_

Respondent Date of Birth: \_\_\_\_\_

Respondent Enrollment Status:

Enrolled -Tribe: \_\_\_\_\_

Descendant     Not Enrolled     Unknown

Respondent Address: --*We need to have an address to serve respondent.*

Street: \_\_\_\_\_ Apt: \_\_\_\_\_

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

Mailing Address if different: \_\_\_\_\_

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

Respondent Telephone Number(s): \_\_\_\_\_

Is Respondent under the age of 18?  Yes (*Answer questions below*)     No- *move to next section.*

*If Respondent is under 18 years old, service will be made on Respondent **and** Respondent's parent or guardian.*

Respondent's Parent/Guardian Full Name: \_\_\_\_\_

Parent/Guardian Address: \_\_\_\_\_

**3. Who Needs Protection?**

The following individuals are victims of domestic abuse or violence:

- Me (Petitioner)
- My minor children
- 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

For anyone you checked above, other than yourself, please fill out the following:

Full Name(s) (first, middle, last, suffix)	Date of Birth	Tribal Enrollment	Lives with you?	How is this person related to you?	How is this person related to Respondent?
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		

Does Respondent work or attend school at the same place as you (or other persons listed at #3)

Yes  No

If yes, explain:

**4. Other Court Matters/Cases**

a. Is there an Order for Protection **in effect now** between you (or anyone else listed at #3) and Respondent?  Yes  No -If no, skip to next section

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

In what County, State, or Tribal Court was the Order for Protection made? \_\_\_\_\_

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

Please detail what was ordered: \_\_\_\_\_

b. Order for Protection **no** longer in effect:

Have you, or any of the people listed at #3, had an Order for Protection against Respondent in the past?  Yes  No -If no, skip to next section

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.)

Please provide the following details:

Case Type	File or Case Number	Tribal, State or County Court Name	Year Filed	Name of Children involved in case

c. Have you (or other persons listed at #3) and Respondent presently, or in the past, been **jointly** involved in **other family court, domestic abuse criminal cases, or harassment restraining order cases**?  Yes  No -If no, skip to next section

If yes, check the box to show what type of case (current or closed) you and Respondent have (or had): Check all that apply:

- Divorce     Custody     Paternity     Child Support     Child Protection
- Domestic Abuse Criminal Charges Pending     Domestic Abuse Criminal Conviction
- Harassment Restraining Order

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

**5. Acts of Domestic Abuse/Violence**

Pursuant to the Bois Forte Tribal Code, “Domestic Violence” means the commission of any one of the following crimes where the defendant is or was a family or household member or dating partner *See Bois Forte Tribal Code, Section 1209:*

- a. The act of inflicting physical harm or bodily injury;
- b. Physically harming, attempting to physically harm or placing the victim in reasonable fear of physical harm to himself or herself;
- c. Preventing a victim from accessing victim or social services or interfering with an emergency call or for other assistance needed in an emergency to avoid harm to person or property.

Describe the act(s) of violence that the Respondent is or has committed against the victim(s).

**For each act of violence, please include the date or date range of the incident.**

*Check all that apply and describe in detail.*

**Most Recent Incident**

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

Who was present: \_\_\_\_\_

Describe what the Respondent did to threaten or physically harm you (or other people listed at #3) or make you (or other people listed at #3) afraid:

**Weapons**

Check this box if none were used:

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

**Injuries**

Was anyone injured?  Yes  No *(If no, skip to next section)*

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 come?  Yes  No

If yes, list dates and describe what happened when law enforcement came:

Besides the recent incidents reported above, Respondent has inflicted the following history of abuse:  
Please describe in detail any additional history of violence.

Do you believe that the domestic violence will continue and that you (or other people listed at #3) are in immediate danger?  Yes  No

Check this box if there are several dates involved and complete as many additional *Attachment for Description of Additional Abuse* needed to describe what happened on the other dates.

Attached is \_\_\_\_\_ number of additional sheet(s) of description of abuse.

### 6. Request for Relief

Based on this Affidavit and Petition, I request the following relief: *(Check all that apply):*

- I. I ask the court to issue an *Ex Parte* Order for Protection to protect all persons listed at #3 and to order the things I check 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.  Order Respondent to have no contact with the protected person(s) listed at #3 whether in 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:
    - My home or the home Respondent and I share:  
Address: \_\_\_\_\_

**OR**

- A reasonable area surrounding my home, specifically as follows:  
\_\_\_\_\_
- Except as follows: \_\_\_\_\_
- d.  The home of \_\_\_\_\_ *(protected person(s) listed at #3)*.
  - The address is confidential
  - Home address is: \_\_\_\_\_
  - OR**
  - A reasonable area surrounding this home, specifically as follows:  
\_\_\_\_\_
  - Except as follows: \_\_\_\_\_
- e.  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: \_\_\_\_\_
  - Is there another workplace?  Yes  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: \_\_\_\_\_

\_\_\_\_\_

### Temporary Custody and Parenting Time

II. Do you want temporary physical custody or parenting time ordered for joint minor children?

Yes  No *If No, skip to next section.*

If yes, fill in the information below.

I ask for temporary physical custody of the joint minor children: \_\_\_\_\_

\_\_\_\_\_

I ask the court to order parenting time for the Respondent as follows: *(Check all that apply)*

Unsupervised parenting time for the Respondent at the following days/times: \_\_\_\_\_

\_\_\_\_\_

**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 Support**

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

Yes  No *If No, skip to next section.*

If Yes: Order Respondent to provide support in the following way(s) *(check all that apply)*:

Order Respondent to pay a reasonable amount of money for the support of our joint minor children.

Order 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.*

Order Respondent to provide medical support and/or health insurance.

a. **Your income and Expenses**

Income is \$ \_\_\_\_\_ / month from \_\_\_\_\_ (source).

My have monthly expenses = \$ \_\_\_\_\_, including \$ \_\_\_\_\_ for our joint minor children.

b. **Respondent's Income**

Respondent's Income is \$ \_\_\_\_\_ / month from \_\_\_\_\_ (source)

**OR**  unknown.

c. **Respondent's Employment**

Respondent is:

Employed. The name and address of Respondent's employer is: \_\_\_\_\_

Does the Respondent have more than one job?  Yes  No

If Yes, list the name and address of Respondent's other employers here: \_\_\_\_\_

Unemployed

Unknown

d. **Childcare Costs**

I have childcare costs for our joint children of \$\_\_\_\_\_ per month because of work or school.

**OR**

I do not have childcare costs because of work or school.

e. **Health insurance**

Health insurance for  me  joint children is through the following (*check all that apply*):

My employer,  Respondent's employer,  Minnesota Care,  Private insurance I purchase,  Private insurance Respondent purchases,  No health insurance,

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

f. **Other Information**

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

**Property**

IV.  Award me(Petitioner) temporary use and possession of personal property (*describe the property*):

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

Order Respondent not to dispose of or destroy the following property:\_\_\_\_\_

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

**Restitution**

V. Choose one:

I want the Respondent to pay me restitution of \$ \_\_\_\_\_ (*the amount of expenses I had because of the domestic abuse*). The following is a description of my expense: \_\_\_\_\_

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

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

**OR**

I am not asking for restitution.

**Counseling, Treatment, or Services**

VI. 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 \_\_\_\_\_

**Firearms and Ammunition**

VII.  Prohibit Respondent from shipping, transporting, possessing, or receiving any firearms or ammunition, because:

**Extended Time Frame for OFP**

VIII.  Issue the OFP for a period up to 2 years because:

- Respondent has violated a prior or existing OFP on two or more occasion.
- Petitioner/protected person has had two or more OFPs in effect against this Respondent.

IX.  Grant 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 have attached additional documentation  YES  NO

-If yes, number of pages of additional documentation attached: \_\_\_\_\_

-Please briefly describe what else is attached.

I declare under penalty of perjury that the information provided in this document and any attached information is true to the best of my knowledge, information, and belief.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Petitioner

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