Filed

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

Time: \_\_\_\_\_\_\_\_ am/pm

Clerk: \_\_\_\_\_\_\_\_\_\_\_\_\_

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| **IN THE**  **SUPREME COURT OF THE REPUBLIC OF PALAU**  **TRIAL DIVISION** | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Petitioner  vs.  \_\_\_\_  Respondent | Civil Action/DA Case No. \_\_\_\_\_\_\_\_\_\_\_\_  Petition for Order for Protection  and Statement in Support Thereof |

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| --- |
| 1. Petitioner \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, is a resident of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  (Name as listed in caption.) (State, Country.)   * Petitioner is a victim of domestic abuse committed by the respondent. * Petitioner is a member of a family or household, where  a minor person;  an incapacitated person;  a person physically unable to appear, is a victim of domestic abuse committed by the respondent. * Petitioner is a representative of an Agency of the Republic of Palau entitled to seek relief on behalf of the victim, who is  a minor person;  an incapacitated person;  a person physically unable to appear. |
| 2. Identification of Victim(s):   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Name  (First, Middle, Last) | Age | Race | Sex | Mark ✓ if Resides with Respondent | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |
| 3. Identification of Respondent:   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Alias | Age | Race | Sex | Residence  (State, Country) | |  |  |  |  |  | |
| 4. The victim’s relationship with the respondent is (Mark ✓all applicable):   * spouse or former spouse; * parent of a common child; * current or former cohabitant as intimate partner; * current or former dating relationship; * stepparent or stepchild; * current or former cohabitant as roommate; * in-law; * parent or child; * blood relation other than parent or child. Please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. |
| 5. Other court cases or other restraining, protection or no-contact orders involving me, the victim and/or the respondent:   |  |  |  |  | | --- | --- | --- | --- | | Case No. | Case Name | Court | Date | |  |  |  |  | |  |  |  |  | |  |  |  |  | |
| 6. Check the box for each type of relief you are requesting and for each type of order you need:   * **Temporary:** I request an **Ex Parte “Temporary” Restraining Order for Protection**, to be issued without notice to respondent, for a period of \_\_\_\_\_ days. (Note: TRO may last up to 180 days or until a protective order issues.) * **Full:** I request a **“Full” Order for Protection,** following a hearing on notice to the   respondent.   |  |  |  | | --- | --- | --- | | Temporary (Yes or No) | Full (Yes or No) | RELIEF REQUESTED | |  |  | A court order requiring the respondent to stay away from the protected party and/or any member of the household | |  |  | A court order restraining the respondent from contacting, threatening, physically and/or sexually abusing the protected party | |  |  | A court order restraining the respondent from contacting, threatening, physically and/or sexually abusing any person residing at the protected party’s residence | |  |  | A court order restraining the respondent from entering and/or visiting the protected party’s residence | |  |  | A court order restraining the respondent from taking, concealing, removing, threatening, physically abusing, or otherwise disposing of any animal identified to the court as belonging to a household. | |  |  | A court order establishing temporary custody and/or visitations with regard to any minor children. | | N/A |  | A court order directing the respondent to participate in domestic violence intervention services. | |  |  | Other relief not referenced above necessary to prevent domestic abuse or a recurrence of abuse. Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. | |

***Statement:*** The respondent has committed acts of domestic abuse as follows. (Describe specific acts of domestic abuse and their approximate dates, beginning with the most recent act. You may want to include police responses.)

Describe the most recent abusive act, fear or threat of abuse, and why the temporary order should be entered today without notice to the respondent:

. (Continue on separate page if necessary.)

Describe the past incidents where you experienced abuse, where you were afraid of injury or where the respondent threatened to harm or kill you:

. (Continue on separate page if necessary.)

Describe any violence or threats towards children:

. (Continue on separate page if necessary.)

Describe any stalking behavior by respondent, including use of telephonic, audiovisual or electronic means to harass or monitor:

. (Continue on separate page if necessary.)

Describe any psychological abuse or malicious property damage:

. (Continue on separate page if necessary.)

Describe medical treatment you received and for what:

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. (Continue on separate page if necessary.)

Describe any threats of suicide or suicidal behavior by the respondent:

. (Continue on separate page if necessary.)

Does the respondent own or possess firearms?  Yes  No

Does the respondent use firearms, weapons or objects to threaten or harm you? Please describe:

. (Continue on separate page if necessary.)

If you are requesting that the protection order last longer than one year, describe the reasons why:

. (Continue on separate page if necessary.)

Other:

. (Continue on separate page if necessary.)

Check box if substance abuse is involved:  alcohol  drugs  other.

I certify under penalty of perjury under the laws of the Republic of Palau that the foregoing is true and correct.

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

Signature of Petitioner

**IN THE**

**SUPREME COURT OF THE REPUBLIC OF PALAU**

**TRIAL DIVISION**

**CIVIL ACTION/DA NO.\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DOCKET STATEMENT**

|  |  |
| --- | --- |
| Petitioner(s) | Respondent(s) |
| Permanent Address:  **SEE CLERK OF COURT** | Permanent Address: |
| Current Address:  **SEE CLERK OF COURT** | Current Address: |
| Contact Numbers:  (Home) **SEE CLERK OF COURT**  (Work)  (Mobile) | Contact Numbers:  (Home)  (Work)  (Mobile) |
| Agency (If Applicable) | Attorney (If Applicable) |
| Attorney (If Applicable) |  |