STATE OF SOUTH DAKOTA)
)
COUNTY OF_____)

IN CIRCUIT COURT

_____JUDICIAL CIRCUIT

_____,
Petitioner ☐ Check here if under 18

-vs-

_____,
Respondent ☐ Check here if under 18

TPO NO._____

PETITION AND AFFIDAVIT FOR A PROTECTION ORDER (DOMESTIC ABUSE)

I, _____ the above named Petitioner, or the Parent/Legal Guardian of the minor child Petitioner (the Filer), being duly sworn upon oath, state and affirm the following:

At least one party to the protection order—Petitioner, Respondent (the person against whom I seek this Protection Order), or a Protected Party (a minor child in my custody also victimized by Respondent)—is a resident of South Dakota. Petitioner resides in_____County,_____ (*state*); Respondent resides in_____County,_____(*state*); and any Protected Parties not residing with Petitioner or Respondent, reside in _____ County,_____(*state*).

☐**Please check this box if** there is a custody order in this state or another state regarding the children of Petitioner and Respondent. Please attach a copy of the custody order to this Petition and provide the county and case number. _____

The person I am asking the Court to restrain from committing acts of domestic abuse (the Respondent) is, in relation to the Petitioner and any Protected Parties:
(check all that apply):
☐ a spouse (married) or a former spouse (divorced);
☐ in a significant romantic relationship or has recently been in one during the past twelve months;
☐ has a child or is expecting a child with Petitioner or Protected Parties;
☐ a parent or child;
☐ a sibling.

I AM ASKING THE COURT FOR A PROTECTION ORDER BASED UPON THE FACTS BELOW:
On or about (*month*)_____(*day*)_____, (*year*)_____, at approximately_____o'clock_____(*am/pm*), Respondent committed the following act(s) of domestic abuse against Petitioner (if not me, my minor child who is related to Respondent) and any Protected Parties (other minor child in my custody related to Respondent):
(check all that apply):
☐ Respondent caused physical harm or bodily injury.
☐ Respondent attempted to cause physical harm or bodily injury.
☐ Respondent's actions inflicted fear in Petitioner and/or any Protected Parties that Respondent was about to cause physical harm or bodily injury to said Petitioner or Protected Party.
☐ Respondent violated a protection order.

☐ Respondent willfully, maliciously, and repeatedly followed Petitioner and/or any Protected Parties.
☐ Respondent pursued a knowing and willful course of conduct which seriously alarmed, annoyed, or harassed Petitioner and/or any Protected Parties with no legitimate purpose. The pattern of conduct was a series of acts over a period of time, however short, showing a continuing pattern of harassment.
☐ Respondent made a credible threat with intent to cause Petitioner and/or any Protected Parties reasonable fear of death or great bodily injury.
☐ The person willfully, maliciously, and repeatedly harassed Petitioner and/or any Protected Parties by means of any verbal, electronic, digital media, mechanical, telegraphic, or written communication.
☐ Respondent committed a crime of violence against Petitioner or any Protected Parties.

Provide a detailed description of what happened on the above date: _____

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

☐ Yes ☐ No ☐ Don't Know Was law enforcement called?
☐ Yes ☐ No ☐ Don't Know Was Respondent arrested for this incident?
☐ Yes ☐ No ☐ Don't Know Is Respondent in jail?
☐ Yes ☐ No ☐ Don't Know Has Respondent violated previous protection orders?
If so, against whom_____
☐ Yes ☐ No ☐ Don't Know Has Respondent been found guilty of violating previous protection orders?
If so, against whom_____
Give the date of the conviction_____and the county and state of the conviction_____
☐ Yes ☐ No ☐ Don't Know Does Respondent possess guns or weapons?
☐ Yes ☐ No ☐ Don't Know Was a weapon used in this incident?
☐ Yes ☐ No ☐ Don't Know Has Respondent threatened anyone with a weapon?

Provide a detailed description of other similar incidents or actions that Respondent has committed and reasons you believe it will continue: _____

_____
_____
_____
_____
_____
_____
_____
_____
_____

Continued from Page 2

_____
_____
_____
_____
_____
_____
_____
_____
_____

REQUEST FOR HEARING AND PROTECTION ORDER

Based upon this Petition and Affidavit in which I truthfully set forth the details of the domestic abuse, I respectfully ask the Court to set a date to hear this matter and after hearing the evidence, to grant Petitioner and any Protected Parties a Protection Order:

☐ 1) To Restrain Respondent from acts of abuse and physical harm, making threats of abuse, stalking or harassment.
☐ 2) To Grant the Protection Order for a period of_____time (*no longer than 5 years*).
☐ 3) To exclude Respondent from Petitioner's residence listed in 4C.
☐ 4) To Order that Respondent shall not come within a distance of_____from the following persons and places:
  ☐ A. The Petitioner personally
  ☐ B. The following minor children named as other Protected Parties ☐ More names attached

Name	Date of birth	Relationship

Are any of the children related to the Respondent? If so, how? _____

_____

  ☐ C. Petitioner's residence (street/apt) _____
  (city)_____, (state)_____. (zip)_____- _____
  ☐ D. Petitioner's place of employment (street)_____
  (city)_____, (state)_____(zip)_____-_____
  ☐ E. Other places (street/apt)_____
  (city)_____, (state)_____(zip)_____-_____
  (street/apt)_____
  (city)_____, (state)_____(zip)_____-_____
  (street/apt)_____
  (city)_____, (state)_____(zip)_____-_____

☐ 5) To award me temporary custody of our minor child(ren), whose names are _____

_____

☐ 6) To establish temporary visitation for Respondent with the minor child(ren) named above consisting of:
  ☐ Existing order in File #_____ ☐ Supervised at _____
  Jurisdiction: ☐ South Dakota ☐ South Dakota tribe ☐ Other State_____ ☐Other
  ☐ Other Visitation: _____

_____

☐ *7)* To Order that Respondent shall pay temporary *(If you are requesting support, you must provide proof of the monthly income of both parties at the hearing.):*

☐ child support in the amount of $_____a month starting on _____and continuing until further order of the Court;

Child support shall be paid to: *Division of Child Support*
Kneip Building
700 Governors Drive
Pierre, SD
57501

☐ spousal support in the amount of $_____a month starting on _____and continuing until further order of the Court.

Spousal support shall be paid to the Clerk of Courts Office in the county this order was filed.

☐ 8) To Order Respondent receive parenting classes approved or provided by the Department of Social Services, SDCL 25-10-5.

☐ 9) To Order Respondent to obtain counseling as follows: _____

_____

☐ 10) That Respondent be restrained from contact with the Petitioner and any Protected Parties, by any direct or indirect means except as authorized by a court order.

☐ 11) To Order other relief which I believe is necessary for Petitioner's protection and any Protected Parties' protection, as follows: _____

_____

_____

(*If you are requesting an immediate temporary protection order without notice to Respondent and without an opportunity for Respondent to appear, you must state why you believe Petitioner or any Protected Parties will suffer immediate and irreparable injury or damage if you or they have to wait until the hearing*.)

REQUEST FOR IMMEDIATE PROTECTION ORDER WITHOUT NOTICE TO THE OTHER PARTY

☐ I am **not** requesting an immediate Temporary Protection Order.

☐ In addition to what I have requested in sections 1-10 above, I further request that the Court grant Petitioner and any Protected Parties an immediate Temporary Protection Order restraining Respondent from committing acts of domestic abuse based upon the following sworn statements and beliefs:

The reasons Petitioner and any Protected Parties need this order immediately and cannot wait until the scheduled hearing are:_____

_____

_____

_____

_____

_____

_____

_____

_____

☐ I believe that Petitioner, and/or any Protected Parties will suffer immediate and irreparable injury, loss or damage if not granted an immediate Temporary Protection Order without notifying Respondent and his/her attorney or giving Respondent an opportunity to be heard. The immediate and irreparable injury, loss or damage that I believe will be suffered is:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

On this_____day of_____,_____, I swear or affirm under oath that the information I have provided in this Petition and Affidavit are true and correct to the best of my knowledge. I believe Petitioner and any Protected Parties are entitled to the protection I have requested. I am asking for this protection for valid reasons and am not attempting to harass the person I am seeking protection against and am not attempting to abuse or delay the court process or any other legal action.

_____
Your Signature as ☐ Filer Only / ☐ Petitioner (*check one*)

Signed and sworn to before me on this_____day of_____,_____.

_____
Notary Public/Deputy Clerk of Courts
Commission Expires:

(SEAL)

PETITIONER INFORMATION

TPO NO.:_____

Date: _____

Required Information

_____ _____ _____ _____
Last Name **First** **Middle** **Suffix**

_____ ☐ Male ☐ Female
Date of Birth (MM/DD/YYYY) **Sex**

Race:

☐ Asian/Pacific islander ☐ Black

☐ American Indian ☐ White

☐ Other: _____

☐ Unknown

Present Address / Contact Information

_____
Address

_____
City and State

_____
Zip

_____
Phone

Is there any other lawsuit, complaint, petition or other action pending between you and the respondent? ☐ Yes ☐ No

If yes, what state and county is the action filed in?

_____

Mailing Address

☐ My mailing address is the same as my present address.

_____
Address

_____
City/State/Zip

Driver's License Number: _____

License State: _____

SSN: _____

Email: _____

Attorney contact information (*if applicable*)

_____
Attorney name

_____
Attorney mailing address

_____
Attorney phone

Eye Color:_____ Hair Color:_____ Weight:_____ Height:_____

PETITIONER NAME:_____ **TPO NO.:** _____

PLEASE READ THIS NOTICE AND INITIAL: PER SDCL § 25-10-7, THE LAW ENFORCEMENT AGENCY SERVING THE TEMPORARY PROTECTION ORDER SHALL NOTIFY THE PETITIONER BY TELEPHONE OR WRITTEN CORRESPONDENCE WHEN THE TEMPORARY PROTECTION ORDER IS SERVED IF THE PETITIONER HAS PROVIDED TO THE LAW ENFORCMENT AGENCY EITHER TELEPHONE NUMBER OR ADDRESS OR BOTH WHERE THE PETITIONER MAY BE CONTACTED.

As the Petitioner I understand that the Clerk of Courts will provide a copy of the protection order and notice of hearing to law enforcement for service upon the respondent. Once service of the protection order upon the respondent has been completed, I ask that the Sheriff's Office provide me notice by: (*check one or more options*)

☐ Telephone ☐ Email ☐ My Mailing Address ☐ I do not wish to be notified.

I request the Clerk of Courts to provide me with a copy of the order and notice of hearing by: (*check one*)

☐ Email ☐ My Mailing Address ☐ I will personally pickup.

_____ _____

Dated Petitioner's Signature

TPO:_____ Respondent Information Date:_____

Required Information

Name:_____ _____ _____
Last First Middle

Birth Date: _____ (MM/DD/YYYY) Sex: _____ (**M**=Male, **F**=Female, **U**=Unknown)

Driver's License Number: _____ License State: _____ SSN: _____

Present Address: _____

City: _____ State: _____ Zip: _____-_____

Mailing Address: _____

City: _____ State: _____ Zip: _____-_____

Race: ____ (**A**=Asian/Pacific Islander, **B**=Black, **I**=American Indian, **O**=Other, **W**=White, **U**=Unknown)

Eye Color: _____ Hair Color: _____ Weight: _____ Height: _____

Distinguishing Features: _____

_____

Phone Number 1 (_____) _____-_____ _____ (**H**=Home, **W**=Work, **C**=Cell, **O**=Other, **F**=Fax)

2 (_____) _____-_____ _____ (**H**=Home, **W**=Work, **C**=Cell, **O**=Other, **F**=Fax)

3 (_____) _____-_____ _____ (**H**=Home, **W**=Work, **C**=Cell, **O**=Other, **F**=Fax)

Misc. Indicator: __Martial Arts Expert __Explosives Expert __Known to Abuse Drugs

Medical Indicator: __Heart Condition __Alcoholic __Allergies
__Epilepsy __Suicidal __Medication Required
__Hemophiliac __Diabetic
__Other _____

Interpreter needed ☐ Language _____

Respondent Vehicles

License Plate Number	State	Year	Make	Model	Color
1.					
2.					
3.					

Occupation: _____ Place of Employment: _____

Work Days: _____ Work Hours: _____

Other persons at Respondent's residence: _____

Other addresses or locations (hangouts) where Respondent can be found:

Location: _____

City: _____ State: _____ Zip: _____-_____

Location: _____

City: _____ State: _____ Zip: _____-_____