

The Family Court of the State of Delaware

In and For New Castle Kent Sussex County

PETITION FOR ORDER OF PROTECTION FROM ABUSE

Petitioner

v. Respondent

Name	Name	File Number
Child(ren) to be listed as Petitioner(s) (if applicable)		
Street Address <i>(Refer to Question 1 below before filling in address)</i>	Street Address	Petition Number
P.O. Box Number	P.O. Box Number	
City/State/Zip Code	City/State/Zip Code	
Attorney Name	Attorney Name	
Interpreter Needed Yes No Language:	Interpreter Needed Yes No Language:	

Child(ren) <i>(other than those listed as parties above)</i>	Date of Birth

The Petitioner respectfully requests that this Court issue an Order of Protection from Abuse against the Respondent, as provided for in 10 Del. C., § 1041 *et seq.* In support of this request, the Petitioner states that:

- I ask that the following addresses be kept confidential because the disclosure of this information will place me and/or my child(ren) in danger:

the address of my place of residence, school and/or employment
the address of my child(ren)'s residence, school or child care

***** DO NOT LIST ADDRESS ON PETITION IF REQUESTING CONFIDENTIAL ADDRESS *****

- Choose one:

Petitioner's relationship to Respondent is: (select relationship)

Current or former spouse	Living together
Current or former substantive dating relationship	Child in common
Family member (specify relationship): _____	
Custodian of Children	

OR

Petitioner is the Division of Child Protective services acting in the interest of a minor child

OR

Petitioner is the Division of Adult Protective Services acting in the interest of an infirm adult.

3. The Respondent has committed the following act(s) of abuse (*Please describe all the acts of abuse you wish the Court to consider, including dates if known. If additional space is required please attach the Court Addendum Form, [Form 540.](#)*) :

4. Petitioner has reason to believe that the Respondent is in possession of the following firearm(s):

WHEREFORE, Petitioner asks this Court for the following relief(s):

Prohibit the Respondent from committing any act of abuse against the Petitioner (or his or her minor children).

Order the Respondent to stay away from:

- Petitioner
- Petitioner's home
- Petitioner's workplace
- Other: _____

Prohibit the Respondent from contacting or attempting to contact the Petitioner in any way, including, but not limited to, by phone, by the mail or by any other means.

Grant no contact relief for as long as reasonably necessary to prevent further acts of Domestic Violence up to and including a permanent order of Court pursuant to 10 Del C. 1045(f) because of the following aggravating factors: (**please use the space provided to date and detail these events**)

1. Actions resulting in physical injury or serious physical injury to me (Petitioner) caused by the Respondent. (*Describe below.*)

2. The use of a deadly weapon or dangerous instrument against me (Petitioner) by Respondent. (*Describe below.*)

3. A history of repeated violations of prior protective orders by the Respondent(*Describe below.*)

4. Prior convictions for crimes against me (Petitioner) by the Respondent(*Describe below.*)

5. Exposure of any member of the my (Petitioner's) family or household to physical

injury by the Respondent. *(Describe below.)*

Order that the Petitioner be given the exclusive use and possession of the parties' residence at:

Order the Respondent to pay \$ _____ to the Petitioner as compensation for losses
Suffered as a direct result of the domestic violence.

Award custody and/or residency of the parties minor child(ren) to the Petitioner (please specify names
and date of birth of the child(ren)) **YOU MUST INCLUDE FORM 346 CUSTODY SEPARATE
STATEMENT IF THIS BOX IS CHECKED:**

Order the Respondent to pay support for the child(ren).

Order the Respondent to pay \$ _____ support for the Petitioner.

Order the Respondent to pay or reimburse fees and costs.

Award the Petitioner temporary possession of the following personal property (including but not limited
to motor vehicles, checkbooks, keys and other personal effects listed below):

Order the Respondent to be evaluated by a certified domestic violence treatment agency and follow all
recommendations for treatment and counseling.

Other: _____

The Petitioner also asks the Court for any other such relief that the Court deems appropriate and just.

Date

Petitioner/Petitioner's Attorney

VERIFICATION

STATE OF DELAWARE)

