

Judge Time _____ Hours                      Minutes
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**CIRCUIT COURT      DISTRICT COURT OF MARYLAND FOR \_\_\_\_\_**  
City/County

**Located at \_\_\_\_\_ Case No. \_\_\_\_\_**  
Court Address

*(NOTE: Fill in the following, checking the appropriate boxes. Petitioners need not give an address if doing so risks further abuse or reveals the confidential address of a shelter. If this is the case, check here . If you need additional paper, ask the clerk.)*

Petitioner _____		VS.	Respondent _____	
Street Address, Apt. No. _____	Home: _____		Street Address, Apt. No. _____	Home: _____
	Work: _____			Work: _____
City, State, Zip Code _____	Telephone Numbers _____		City, State, Zip Code _____	Telephone Numbers _____

**PETITION FOR PROTECTION FROM  
DOMESTIC VIOLENCE      CHILD ABUSE      VULNERABLE ADULT ABUSE**

1. I want relief for    myself    minor child    vulnerable adult, from abuse by \_\_\_\_\_  
Respondent

The Respondent committed the following acts of abuse against \_\_\_\_\_  
Victim

on or about \_\_\_\_\_, \_\_\_\_ (check all that apply):    kicking    punching    choking  
slapping    shooting    rape or other sexual offense (or attempt)    hitting with object    stabbing  
shoving    threats of violence    mental injury of a child    detaining against will    other

The details of what happened are (Describe injuries. State when and where these acts occurred. Be as specific as you can.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. *(If the victim is a child or vulnerable adult, fill in the following.)* I am asking for protection for a    child  
vulnerable adult whose name is \_\_\_\_\_. At  
this time the victim can be found at \_\_\_\_\_.  
I am    State's Attorney    DSS    a relative    an adult living in the home.

3. The person(s) I want protected are *(include yourself if you are a victim)*:

Name(s)	Birthdate	Relationship to Respondent
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. The person(s) I want protected now lives, or has lived, with the Respondent for the following period of time during the past year: \_\_\_\_\_

There are \_\_\_\_\_ are not additional persons living in the home.

5. I know of the following court cases involving me, or the person I want protected, and the Respondent. (Examples include: paternity, divorce, custody, domestic violence, juvenile cases, criminal cases)

Court	Kind of Case	Year Filed	Results or Status (if you know)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6. Describe all past injuries the Respondent has caused the victim, and give date, if known. \_\_\_\_\_

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

7. The Respondent owns or has access to the following firearms: \_\_\_\_\_

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

8. I want the court to order the Respondent: (NOTE. Petitioner need not give an address if doing so risks further abuse.)

NOT to abuse or threaten to abuse \_\_\_\_\_  
Name(s)

NOT to contact, attempt to contact, or harass \_\_\_\_\_  
Name(s)

NOT to go to the residence(s) at \_\_\_\_\_  
Address

NOT to go to the school(s) at \_\_\_\_\_  
Name of school and address

NOT to go to the workplace(s) at \_\_\_\_\_  
Name of workplace and address

To leave the home at \_\_\_\_\_  
Address

and give possession of the home to \_\_\_\_\_

The name(s) on the deed or lease are: \_\_\_\_\_

To turn over firearm(s) to a law enforcement agency.

To go to counseling domestic violence drug/alcohol other \_\_\_\_\_

To pay money as Emergency Family Maintenance (may be taken from Respondent's paycheck).

9. I also want the Court to order:

Custody of \_\_\_\_\_  
Children's names

be granted to \_\_\_\_\_  
Name

Use and possession of the following jointly-owned vehicle be granted to \_\_\_\_\_  
Name

10. (Fill in only if you are seeking Emergency Family Maintenance.) The **Respondent** has the following financial resources:

Income from employment in the amount of \$\_\_\_\_\_ every week 2 weeks month other \_\_\_\_\_

Source of employment income \_\_\_\_\_  
Name and address of source and amount(s) received

Income from other source \_\_\_\_\_  
Name and address of source and amount(s) received

The Respondent also owns the following property of value: Automobile(s) \$\_\_\_\_\_

Home \$\_\_\_\_\_ Estimate value Bank Account(s) \$\_\_\_\_\_ Estimate value

Other: \_\_\_\_\_ Estimate Value

I solemnly affirm under penalties of perjury that the contents of the foregoing Petition are true to the best of my knowledge, information, and belief.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Petitioner

I have filled in Addendum (Description of Respondent), DV IA.

NOTE

If you believe that you have been a victim of abuse and that there is a danger of serious and immediate injury to you, you may request the assistance of a police officer or local law enforcement agency.

The law enforcement officer must protect you from harm when responding to your request for assistance and may, if you ask, accompany you to the family home so that you may remove clothing and medicine, medical devices, and other personal effects required for you and your children, regardless of who paid for them.