



STATE OF RHODE ISLAND
DISTRICT COURT
DOMESTIC ABUSE COMPLAINT

Plaintiff	Civil Action File Number
Defendant	Attorney for the Plaintiff or the Plaintiff
Date of Birth of the Defendant	Date of Birth of the Plaintiff
Address of the Defendant	Address of the Plaintiff's Attorney or the Plaintiff

<input type="checkbox"/> Murray Judicial Complex 2nd Division District Court 45 Washington Square Newport, Rhode Island 02840-2913 (401) 841-8350	<input type="checkbox"/> Noel Judicial Complex 3rd Division District Court 222 Quaker Lane Warwick, Rhode Island 02886-0107 (401) 822-6750
<input type="checkbox"/> McGrath Judicial Complex 4th Division District Court 4800 Tower Hill Road Wakefield, Rhode Island 02879-2239 (401) 782-4131	<input type="checkbox"/> Garrahy Judicial Complex 6th Division District Court One Dorrance Plaza Providence, Rhode Island 02903-2719 (401) 458-5400

Pursuant to Title 8, Chapter 8.1 or Title 11, Chapter 37.2 of the General Laws of Rhode Island, I request that the court enter an order protecting me from abuse.

1. My full name, present street address, city, and telephone number are as follows:

.....

- Defendant is over the age of eighteen (18) years old.
- I am an emancipated minor.
- I am a person eighteen (18) years of age or older.
- I am not related by blood or marriage to the Defendant.

2. My former residence, which I have left to avoid abuse, is as follows (street address and city):



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- Committed a sexual assault against me as defined in G.L. 1956 §§ 11-37-1, 11-37-2, 11-37-4, 11-37-6, 11-37-8.1, 11-37-8.3, or 11-59-2.
- Committed stalking or cyber stalking against me.
- Specifically, the Defendant _____.

7. I ask that:

- The court order that the Defendant be restrained and enjoined from contacting, assaulting, molesting, or otherwise interfering with the Plaintiff at home, on the street, or elsewhere.
- The court order the Defendant to immediately leave the household which is located at _____.
- The court orders that the Defendant be ordered to surrender physical possession of all firearms in the Defendant's possession, care, custody, or control and further order the Defendant restrained from purchasing, receiving, or attempting to purchase or receive any firearms while the protective order is in effect.

8. I certify that:

- To the best of my knowledge the Defendant is not an active member of the military service; and/or
- To the best of my knowledge the Defendant is not a sworn peace officer as defined in G.L. 1956 § 12-7-21.

I request that the above relief be ordered without notice because it clearly appears from specific facts shown by affidavit or by the verified complaint that I will suffer immediate and irreparable injury, loss, or damage before notice can be served and a hearing had thereon. I understand that the courts will schedule a hearing no later than twenty-one (21) days after such order is entered on the question of continuing such temporary order.

I have not sought a Protective Order from any other judicial officer of the District Court arising out of the same facts or circumstances alleged in this complaint.



**STATE OF RHODE ISLAND AND
DISTRICT COURT**

Name of the Plaintiff _____
Signature of the Plaintiff _____

State of _____
County of _____

On this _____ day of _____, 20____, before me, the undersigned notary public, personally appeared _____
 personally known to me or proved to me through satisfactory evidence of identification, which was _____, to be the person who signed above in my presence, and who swore or affirmed to me that the contents of the document are truthful to the best of his or her knowledge.

Notary Public: _____
My commission expires: _____
Notary identification number: _____

ATTORNEY CERTIFICATE

/s/ _____ Attorney for the Plaintiff	Rhode Island Bar Number:
	Date:
Office Telephone Number:	