

CONFIDENTIAL



FAMILY COURT

**COMPLAINT FOR A PROTECTIVE ORDER
WHEN EITHER PARTY IS A JUVENILE**

Civil Action File Number

PLAINTIFF,	_____
and as	a. _____
Parent/Guardian of	b. _____
	c. _____

DEFENDANT,	_____
and as	
Parent/Guardian of	_____

<input type="checkbox"/> Murray Judicial Complex Newport County 45 Washington Square Newport, Rhode Island 02840-2913 (401) 841-8340	<input type="checkbox"/> Noel Judicial Complex Kent County 222 Quaker Lane Warwick, Rhode Island 02886-0107 (401) 822-6725
<input type="checkbox"/> McGrath Judicial Complex Washington County 4800 Tower Hill Road Wakefield, Rhode Island 02879-2239 (401) 782-4111	<input type="checkbox"/> Garrahy Judicial Complex Providence/Bristol County One Dorrance Plaza Providence, Rhode Island 02903-2719 (401) 458-3200

Pursuant to G.L. 1956 § 8-10-3(g) and Rule 65 of the Rules of Procedure for Domestic Relations, I request that the Family Court enter an order protecting me and/or the children from immediate and irreparable injury, loss, or damage.

1. My name is _____. My present address is _____. My telephone number is _____.

2. I am the Parent/Guardian of the following child(ren) on whose behalf I am bringing this Complaint.

1.	Date of Birth:
2.	Date of Birth:
3.	Date of Birth:

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3. The name(s) and present address(es) of the person(s) causing the abuse are:
- a. Parent/Guardian Name: _____
 - b. Address: _____
 - c. Telephone Number: _____
 - d. Juvenile's Name: _____
 - e. Address: _____
 - f. Telephone Number: _____

4. The relationship, if any, between the Plaintiff(s) and the Defendant(s) is _____
 _____.

5. I state under oath that immediate and irreparable injury, loss, or damage will result to me and/or the child(ren) if I do not obtain a temporary restraining order.

6. The Defendant and/or _____:
(Check and complete any that apply)

Caused me and/or _____
 physical harm on or about _____.

Attempted to cause me and/or _____
 physical harm on the following date(s):

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Placed me and/or _____ in
 fear of imminent serious physical harm on the following date(s)

--	--	--	--

Bullied me and/or _____
 on the following date(s):

--	--	--	--

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_____ on the following date(s) _____.

7. I have sought a Protective Order from any other judicial officer of the Rhode Island Family Court, or any other court, arising out of the same facts or circumstances alleged in this Complaint except for _____

_____.

For these reasons, I respectfully request that the Family Court ORDER: *(Check and complete any that apply.)*

That _____
be restrained and enjoined from contacting, assaulting, molesting, stalking, cyberstalking, cyberbullying, bullying, harassing, threatening, annoying, or otherwise interfering with me and/or _____ at home, at school, on the street, or elsewhere.

That _____

_____.

I request that the relief be ordered without notice because of the specific facts set forth in this Complaint and the attached affidavit. I and/or the child(ren) will suffer immediate and irreparable injury, loss, or damage before notice can be served on the Defendant(s) and a hearing can be held on this Complaint.

The Family Court will schedule a hearing no later than twenty-one (21) days after the Ex Parte Temporary Protective Order, if any, is entered. At the hearing, I will present evidence in support of my Complaint.

I understand that if I fail to appear at the next scheduled hearing date, the Ex Parte Temporary Protective Order and this Complaint will be dismissed.

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Name of the Plaintiff _____	
Signature of the Plaintiff _____	
Address: _____	
Telephone Number: _____	Date: _____

State of _____
County of _____

On this _____ day of _____, 20____, before me, the undersigned notary public, personally appeared _____
 personally known to the notary or proved to the notary through satisfactory evidence of identification, which was _____, to be the person who signed above in my presence, and who swore or affirmed to the notary 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: _____	