

**CONFIDENTIAL**



**STATE OF RHODE ISLAND JUDICIARY**

**FAMILY COURT**

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

**Civil Action File Number**

**PLAINTIFF,**

and as

Parent/Guardian of

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

**DEFENDANT,**

and as

Parent/Guardian of

☐ Murray Judicial Complex  
Newport County  
45 Washington Square  
Newport, Rhode Island 02840-2913  
(401) 841-8340

☐ Noel Judicial Complex  
Kent County  
222 Quaker Lane  
Warwick, Rhode Island 02886-0107  
(401) 822-6725

☐ McGrath Judicial Complex  
Washington County  
4800 Tower Hill Road  
Wakefield, Rhode Island 02879-2239  
(401) 782-4111

☐ 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):
- |  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|
- ☐ 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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**FAMILY COURT**

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: _____	