

CONFIDENTIAL

STATE OF RHODE ISLAND AND



PROVIDENCE PLANTATIONS

FAMILY COURT

COMPLAINT FOR AN ORDER OF PROTECTION FROM DOMESTIC VIOLENCE – 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 § 15-15-1, et seq., I request that the Family Court enter an order protecting me and/or _____ from abuse.

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

2. My former residence, which I have left to avoid abuse, is _____.

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3. 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:

4. 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: _____

5. The relationship, between Plaintiff(s) and Defendant(s) is as follows. (*Check and complete any that apply.*)

- _____ is presently married to _____.
- _____ was married to _____.
- I or _____ is the child or the parent of _____.
- I or _____ am/is/are a blood relative(s) or relative(s) by marriage of _____ who is my or the child(ren)'s _____.
- I or _____ and _____ together are the legal parents of one (1) or more children.

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I or _____ and _____ have been in a substantive dating or engagement relationship within the past one (1) year and at least one of us is a minor.

6. On or about _____, 20____, I and/or the child(ren) suffered abuse when _____ committed the following acts. (*Check and complete any that apply.*)

- Threatened and or harmed me and/or the child(ren) with the following weapon: _____.
- Attempted to cause me and/or the child(ren) physical harm.
- Caused me and/or the child(ren) physical harm.
- Placed me and/or the child(ren) in fear of imminent physical harm.
- Caused me and/or the child(ren) to engage involuntarily in sexual relations by force, threat of force, or duress.
- Stalked, cyberstalked, and/or harassed me and/or the child(ren).

7. I have no knowledge of the existence of other lawsuits between the parties, including actions for divorce, separate maintenance, custody of children, restraining orders, or other relief, and I have not sought a Protective Order from the Family Court or any other court for the same facts or circumstances alleged in this Complaint, except for the following: _____

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.

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That _____

I request that relief be ordered without notice because of the specific facts set forth in this Complaint and the attached affidavit. I and/or the children 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 Order of Protection from Domestic Violence, 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 scheduled hearing date, the Ex Parte Temporary Order of Protection from Domestic Abuse and this Complaint will be dismissed.

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: _____

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FAMILY COURT

ATTORNEY CERTIFICATE

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