

**FAMILY COURT**

**COMPLAINT FOR AN ORDER OF PROTECTION FROM DOMESTIC VIOLENCE**

<b>Plaintiff</b>	<b>Civil Action File Number</b>
<b>Defendant</b>	

<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 \_\_\_\_\_.

3. The name(s) and present address(es) of the person(s) causing the abuse are:

a. Name: \_\_\_\_\_

b. Address: \_\_\_\_\_

c. Telephone Number: \_\_\_\_\_

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4. 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 \_\_\_\_\_ 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.

5. On or about \_\_\_\_\_, 20\_\_\_\_, I suffered abuse when \_\_\_\_\_ committed the following acts. (*Check and complete any that apply.*)

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

6. 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

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**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 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: _____

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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: _____	