

CONFIDENTIAL

STATE OF RHODE ISLAND AND



PROVIDENCE PLANTATIONS

FAMILY COURT

COMPLAINT FOR AN ORDER OF PROTECTION FROM SEXUAL ABUSE

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 § 11-37.2-1, 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. 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. Name: _____
 Address: _____
 Telephone Number: _____
 - b. Name: _____
 Address: _____
 Telephone Number: _____

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

- Caused me and/or the child(ren) to engage involuntarily in sexual relations or contact by force, threat of force, or duress.
- Attempted to cause me or the child(ren) to engage involuntarily in sexual relations or contact by force, threat or force or duress;
- Stalked, cyberstalked and/or harassed me and/or the child(ren) with the intent to place me and/or the child(ren) in reasonable fear of bodily injury.

5. Specifically on the date(s) set forth on page 1, I and/or the child(ren) suffered the following sexual abuse: _____

6. I have no knowledge of the existence of any other law suits between the adult 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 _____ will suffer immediate and irreparable injury, loss, and/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 this Ex Parte Temporary Order for Protection from Sexual Abuse, 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 Order for Protection from Sexual 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:	