

**Louisiana Protective Order Registry
Data Collection Worksheets
for petitions for Protective Orders**

PETITIONER DATA

First Name _____ Last _____ Maiden _____

Street _____

City _____ State _____ Zip _____ Parish _____

Do you wish to file on your own behalf? Yes No

Do you wish this address to remain confidential? Yes No

Sex _____ Race _____ Date of Birth _____

Do you wish to file on behalf of a minor child(ren)? Yes No

Do you wish to file on behalf of an alleged incompetent(s)? Yes No

Address of minor child(ren) or alleged incompetent(s):

Street _____

City _____ State _____ Zip _____

Only if filing on behalf of dependents, enter the following:

Dependent's Name	Date of Birth	Relationship to Petitioner
_____	_____	_____
_____	_____	_____
_____	_____	_____

Only if filing on behalf of alleged incompetents, enter the following:

Incompetent's Name	Date of Birth	Relationship to Petitioner
_____	_____	_____
_____	_____	_____

DEFENDANT DATA

First Name _____ Last _____ Maiden _____

Street _____

City _____ State _____ Zip _____

Phone _____ Date of Birth _____ Parish of Residence _____

Sex _____ Race _____ Social Security # _____

Driver's License (State & Number) _____ Expiration _____

Alias First Name _____ Alias Last Name _____

Work Address: Company _____

Street _____

City _____ State _____ Zip _____

Phone _____ Work days/hours _____

Eye Color _____ Height _____ Hair Color _____ Weight _____

Distinguishing Features _____

License Plate # _____ Year _____ Make/Model _____ Color _____

Does defendant have a history of violence towards others? Yes No
 Does defendant have a history of using/abusing drugs or alcohol? Yes No
 Does defendant carry a weapon? Yes No
 If yes, what kind of weapon(s)? _____

Other times and places s/he may be found:

Any other information which may be helpful:

Petition and Order Information

Use check marks in the boxes to indicate your choices.

What parish do you want to file in? _____

Because this parish is (you must choose at least one):

- where the marital domicile is located
- where the household is located
- where the defendant resides or is domiciled
- where the abuse occurred
- where the petitioner is domiciled
- where the petitioner resides

You (petitioner) are related to defendant as:

- | | |
|-------------------------------------|----------------------------|
| spouse | stepparent/stepchild |
| former spouse | foster parent/foster child |
| presently living together as spouse | grandparent/grandchild |
| formerly living together as spouse | not related (explain:) |
| parent/child | _____ |

If you are filing on behalf of a child or incompetent person, that person is related to the defendant as:

- | | |
|----------------------|----------------------------|
| parent/child | foster parent/foster child |
| stepparent/stepchild | grandparent/grandchild |
| other: _____ | |

Is there currently a divorce pending between you and the defendant? Yes No
 If yes, Suit No. _____, Court _____ Div. _____

Check all the ways that the defendant abused you (or the person you are filing for):

slapped
punched
choked
shoved
kicked
stalked

threatened bodily harm

threatened your life

threatened you with a weapon

abused your children

other abuse: _____

Give specific details of the most recent incident of abuse: Date of incident: _____

Description:

Give details of past incidents of abuse:

FOR TEMPORARY RESTRAINING ORDER ONLY: Check if you are asking for support.

order defendant to show cause why defendant should not pay support, and order defendant to bring financial documents about income and expenses to court

FOR PROTECTIVE ORDER ONLY: Check and fill in each one that you are requesting

I want the court to:

Order defendant to pay support for me, beginning on (date): _____

in the amount of _____ per week/month (circle one)

Order defendant to pay support for the children, beginning on (date): _____

in the amount of _____ per week/month (circle one)

Order that payment should be made directly to me or person I am filing for

Order other payment: _____

Order defendant to seek professional counseling

Any other requests/orders:

PAYMENT REQUESTS: Check each one that you are requesting

I request that the court:

order defendant to pay child support

order defendant to pay temporary alimony/spousal support

order defendant to seek professional counseling

order defendant to pay court costs

order defendant to pay attorney fees

order defendant to pay evaluation fees

order defendant to pay expert witness fees

order defendant to pay costs of medical and/or psychological care for me, children or person I am filing for

order defendant to pay supervised visitation costs

other requests:

OTHER REQUESTS: Check each one that you are requesting

I am asking the court to:

allow me to proceed *in forma pauperis* (defer the court filing fees)

grant the orders *ex parte* (in effect prior to the hearing date)

issue a rule to show cause (set a hearing)

order the defendant to pay the court cost

advise the defendant of the penalties for violating the order

grant any other relief the court finds necessary