

PROTECTION ORDER INTAKE FORM

Office Use Only: PFA SVPO PFI IAT OBO _____ / _____ AM/PM

PLAINTIFF (You/Adult/Filer)

NAME: _____

ADDRESS: _____

DOES DEFENDANT KNOW WHERE YOU LIVE? YES NO

RENT / OWN / OTHER Are you on the LEASE/DEED? YES NO Is the Defendant? YES NO

DOB: _____ Phone Number: _____

YOUR RELATIONSHIP TO DEFENDANT: _____

YOUR LOCAL POLICE DEPARTMENT: _____

HAVE YOU EVER FILED A PFA AGAINST THE DEFENDANT? YES NO

If so, when and where? _____

DEFENDANT (Who you're filing against)

NAME: _____

ADDRESS: _____

DOB: _____ Phone Number: _____

EMPLOYER: _____

STATE/COUNTRY OF BIRTH: _____

PRIOR CRIMINAL RECORD? YES NO

IS THE DEFENDANT CURRENTLY INCARCERATED? YES NO

If so, which prison? _____

CHILDREN: List names, ages, and dates of birth for each of the parties **shared minor** children

NAME: _____ AGE: _____ DOB: _____

IS THERE A CURRENT CUSTODY ORDER? YES NO COUNTY: _____

ARE YOU ASKING FOR TEMPORARY PHYSICAL CUSTODY? YES NO (If yes, complete 5329 Form)

WHOM HAVE THE CHILD(REN) LIVED WITH IN THE PAST FIVE YEARS:

Myself Defendant Both Shared Other: _____

IS THERE A CURRENT CYA INVESTIGATION? YES NO COUNTY: _____

WAS DEFENDANT FOUNDED/INDICTATED UNDER CPS LAW? YES NO

DETAILS OF THE MOST RECENT ABUSE

You do not need to have made a report to law enforcement for abuse to have occurred

In the past month, have you/minors experienced physical abuse by the Defendant? Please describe the most recent:

Most Recent Date & Time: _____ / _____ / _____ : _____ AM/PM Place: _____

In the past month, has the Defendant threatened physical abuse? Please describe the most recent:

Most Recent Date & Time: _____ / _____ / _____ : _____ AM/PM Place: _____

In the past month, has the defendant made you feel trapped by words/actions? Please describe the most recent:

Most Recent Date & Time: _____ / _____ / _____ : _____ AM/PM Place: _____

In the past month, has the Defendant stalked you? Please describe most recent, including frequency:

Most Recent Date & Time: _____ / _____ / _____ : _____ AM/PM Place: _____

In the past month, have you/minors been sexually abused by the Defendant?

YES

NO

Most Recent Date & Time: _____ / _____ / _____ : _____ AM/PM Place: _____

Has Law Enforcement been involved in any of the recent incidences of abuse?

DETAILS OF PRIOR ABUSE

Prior to the past month, describe any physical abuse by the Defendant

Prior to the past month, describe any threats of physical abuse made by the Defendant:

Prior to the past month, briefly describe if defendant made you/minors feel trapped by words/actions:

Prior to the past month, describe any stalking by the Defendant:

Prior to the past month, had you/minors been sexually abused by the defendant? YES NO

Had Law Enforcement been involved in any prior incidences of abuse?

ADDITIONAL RELIEF

Upon service, request that the Defendant relinquish:

HOUSE KEYS GARAGE OPENER WALLET PHONE OTHER:_____

Prohibit Defendant from abusing, stalking, harassing, or threatening the following relatives or household members:

NAME:_____RELATIONSHIP TO YOU: _____

NAME:_____RELATIONSHIP TO YOU: _____

NAME:_____RELATIONSHIP TO YOU: _____

VERIFICATION: I verify that I am the Petitioner as designated in the present action and that that facts and statements contained in the above petition are true and correct to the best of my knowledge. I understand that any false statements made are subject to the Penalties of 18 Pa.C.S. §4904, relating to unsworn falsification to authorities:

Signature:_____

Date:_____

DEFENDANT'S INFORMATION

Information on this page is confidential and will aid law enforcement in serving the Defendant

NAME: _____ AGE: _____ SEX: _____

DOB: ____/____/____ SSN: _____ - _____ - _____ RACE: _____

HEIGHT: _____ WEIGHT: _____ HAIR COLOR: _____ EYE COLOR: _____

GLASSES: YES NO FACIAL HAIR: _____ BUILD: _____

SCARS/MARKS/TATTOOS/OTHER: _____

DEFENDANT'S ADDRESS: _____

ALT. ADDRESS: _____

PHONE NUMBER: _____

EMPLOYER: _____

WORKING HOURS: _____ WORK NUMBER: _____

VEHICLE INFO: Year: _____ Make: _____ Model: _____ Color: _____

THE DEFENDANT IS CURRENTLY ON: PROBATION PAROLE INCARCERATED IN: _____

If applicable: County/State: _____ Name of P.O.: _____

WEAPONS INFO

Has Defendant used/threatened to use Firearms/Weapons against you/minors? Yes No

List/Describe any Firearms/Weapons Defendant owns/possesses: _____

Defendant's Family Information:

Parent's Name/Address/Phone: _____

Sibling Name/Address/Phone: _____

Sibling Name/Address/Phone: _____

DO YOU OR THE DEFENDANT NEED AN INTERPRETER? MYSELF DEFENDANT

LANGUAGE NEEDED: _____

PLAINTIFF INFORMATION

Law enforcement will inform you when service has been made using the following information:

NAME: _____

PHONE: _____ ALT PHONE: _____

MAILING ADDRESS: _____