STATE OF WYOMING) IN THE CIRCUIT COURT
) ss
COUNTY OF _____) _____ JUDICIAL DISTRICT

Petitioner:_____ ,) Case Number_____
Name of person filing for protection order)
)
vs.)
)
Respondent:_____ .)
Name of person you want to be protected from)

PETITION FOR SEXUAL ASSAULT ORDER OF PROTECTION

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1. **PETITIONER'S LAST NAME, FIRST NAME, MIDDLE INITIAL**

   [   ]

   (Print)

   NEXT FRIEND'S LAST NAME, FIRST NAME, MIDDLE INITIAL

   [   ]

   (If you are filing on behalf of a child age 17 or younger, or on behalf of a disabled or vulnerable adult, write that person's name in the Petitioner box and your name in the Next Friend box. If you are filing for yourself, leave the Next Friend box blank.)

   [ ] **Check here if the Petitioner is asking the Court to order the address or phone number of the Petitioner be kept confidential.**

   _____
   Address (Optional)

   _____
   City & State (Optional)

   _____
   Telephone Number (Optional)

   OTHER NAMES USED BY PETITIONER _____

   _____

   DATE OF BIRTH [   ] RACE [   ] GENDER [   ]
   HEIGHT _____ WEIGHT _____ EYE COLOR _____ HAIR COLOR _____

2. **RESPONDENT'S LAST NAME, FIRST NAME, MIDDLE INITIAL**

   [   ]

   (Print)

_____   _____
Address   Mailing Address (if different)

_____   _____
City & State   Telephone Number

DATE OF BIRTH _____ RACE _____ GENDER _____
HEIGHT _____ WEIGHT_____ EYE COLOR _____ HAIR COLOR _____
Does the Respondent usually wear GLASSES?_____
Does the Respondent usually have FACIAL HAIR?_____
EMPLOYER _____
PLACE OF EMPLOYMENT Address_____
DRIVER'S LICENSE State of Issue _____
VEHICLE Make_____ Model_____ Year_____
VEHICLE LICENSE PLATE Number _____
VEHICLE LICENSE PLATE State of Issue _____
STATE and COUNTRY OF BIRTH _____
OTHER NAMES USED BY THE RESPONDENT _____
_____

If you can, describe the Respondent's distinguishing marks, scars, tattoos, and tell where
they are located:

_____

_____

_____

If you can, list firearms and ammunition possessed by the Respondent. If you know
where the firearms or ammunition are kept, give that information too.

_____

_____

_____

_____

If the Respondent is under the age of 18, and you know the names or contact information
of the Respondent's parents or guardians, please list that here.

_____

_____

_____

3.   Select the most accurate description of your relationship with the Respondent:
      ☐ We are married to each other.
      ☐ We are married to each other, but we do not live together.
      ☐ We used to be married to each other, but now we are divorced.

☐ We have a dating relationship.
☐ We used to have a dating relationship, but we do not anymore.
☐ We have children together.
☐ We are friends or we used to be friends.
☐ We are co-workers or we used to be co-workers.
☐ We go to the same school or we used to go to the same school.
☐ The Respondent is a member of my family.
☐ The Respondent is my boss.
☐ The Respondent is my teacher or principal.
☐ The Respondent is my coach.
☐ The Respondent is my doctor, dentist, or therapist.
☐ The Respondent is my pastor, rabbi, imam, or other leader from my place of worship.
☐ The Respondent is my caregiver.
☐ I have no relationship with the Respondent.
☐ Other: _____

4. Please describe what happened. Include the date or your best estimate of the date when these things happened. Please give the ages or an estimate of the ages of the people who were involved. This information can be difficult to share, but giving a detailed explanation here will help the Court decide whether to give you an Order of Protection. If assault happened more than one time, describe each time as best as you can, starting with the most recent. ATTACH ADDITIONAL SHEETS IF NEEDED.

    _____
    _____
    _____
    _____
    _____
    _____
    _____
    _____
    _____

5. Was the Respondent arrested because of any of the actions you described in the section above?   ☐ Yes   ☐ No   ☐ I do not know.

    If you answered yes, please give as much information as you can:
        When was the Respondent arrested? _____
        In which county? _____
        Is the Respondent in jail/prison now? _____

    Has the Respondent been criminally charged for any of the actions you described?
        ☐ Yes   ☐ No   ☐ I do not know.

    If you answered yes, please give as much information as you can:
        When was the Respondent charged? _____

In which county? _____

What is the case number? _____

Is the Respondent in jail/prison now? _____

6.   Have you received help from a victims' advocate? ☐ Yes   ☐ No

7.   The Court may issue an Ex Parte Order of Protection. (That's a temporary Order that can be granted before the Court hears from the Respondent.) The Court will schedule a hearing. That's when the judge will decide whether to issue an Order of Protection, which will be in effect for longer. You can learn more about the hearing and the two types of Orders in the Instructions for this form.

You can ask the Court for certain kinds of relief to be included in the Ex Parte Order of Protection and the Order of Protection. This list is how you tell the Court what you think will help. Check all that apply:

A ☐   **Address Immediate Danger** – Issue an Ex Parte Order of Protection because I believe an immediate danger exists that I will be sexually assaulted again or that other serious physical harm will be done to me.

B ☐   **Protection for Others** – Include the following people in the Order of Protection:

Name	Relationship to Me	Reason this Person Needs Protection

C ☐   **No Contact** – Order the Respondent not to contact, phone, mail, e-mail, or communicate with me in any way, either directly or indirectly, including electronically.

D ☐   **Stay Away** – Order the Respondent to:

☐ a. Stay at least _____ (distance) from me.

☐ b. Stay away from my

Home:

☐ I will submit the home address confidentially.

OR

☐ I will list the home address here:

_____

(address)

Work:

_____

(address)

    The Respondent ☐ does ☐ does not work at the same place as me.

School or Childcare:

_____

(address)

    The Respondent ☐ does ☐ does not go to the same school as me.

Place of worship:

_____

(address)

    The Respondent ☐ does ☐ does not attend the same place of worship as me.

If the Respondent works at the same place, goes to the same school, or attends the same place of worship as you, the Court cannot order the Respondent to stay away from that place. Give information the Court should consider about interactions with the Respondent in those settings.

_____

_____

_____

_____

_____

E ☐   **Other Assistance Needed** – Explain any other instructions that could help protect you and the other individuals listed on this form.

_____

_____

_____

_____

8.   After this Petition is filed, the Court will schedule a hearing. You are **REQUIRED** to

take part in the hearing. Please check one of the boxes below.

A ☐ **Appear in Person** I will attend the hearing in person at the courthouse.

B ☐ **Appear Virtually** I ask the Court to allow me to attend the hearing by phone or computer instead of going to the courthouse in person.

I, the Petitioner, being first duly sworn upon my oath, state that I have read the above and foregoing information, and I believe the matters set forth are true and correct under penalty of perjury:

Date _____

_____
PETITIONER

STATE OF WYOMING   )
) ss
COUNTY OF_____)

     SUBSCRIBED AND SWORN to before me this _____day of_____, 20_____.

     Witness my hand and official seal.

_____
CLERK OF COURT/NOTARIAL OFFICER

My commission expires: _____

☐ A Wyoming Judicial Branch Court Navigator helped with this form.