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** **stalking ORDER OF PROTECTION**

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.)

Address

# City & State

# Telephone Number

OTHER NAMES USED BY PETITIONER

DATE OF BIRTH RACE GENDER

HEIGHT WEIGHT EYE COLOR HAIR COLOR

1. **RESPONDENT’S LAST NAME, FIRST NAME**

(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.

3. Select the most accurate description of your relationship with the Respondent:

[\_] We used to be married to each other, but now we are divorced.

[\_] We are married to each other, but we do not live together now.

[\_] We used to have a dating relationship, but we do not anymore.

[\_] 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.

[\_] I have no relationship with the Respondent.

[\_] Other:

4. Please describe what has been happening. Include the dates or your best estimate of the dates when these things happened. You are asking for an Order of Protection because you feel the Respondent is doing these things to harass you. Please be specific in your description to help the Court understand why you feel that way. ATTACH ADDITIONAL SHEETS IF NEEDED.

5. 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 stalking will continue.

**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:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (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.

6. 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.