

**NON-REMOVABLE MILLE LACS BAND OF CHIPPEWA INDIANS
IN THE COURT OF CENTRAL JURISDICTION**

District I

II

District III

In the Matter of:

Case File No. _____

Petitioner.

On behalf of:

Other persons needing protection (first, middle, last name)

and for her/himself

**PETITION FOR ORDER FOR
PROTECTION FROM
DOMESTIC ABUSE (OFP)
AND AFFIDAVIT
(8 MLBS § 401 et seq.)**

v.

Respondent.

1. PETITIONER INFORMATION (you)

Name:
Date of Birth: (month/day/year)
Mille Lac Band of Ojibwe Member? <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Address:</i> <input type="checkbox"/> I am requesting that my address <u>be kept confidential</u> by submitting the completed <i>Confidential Address/Phone Request</i> form to the Court. (Note: If you choose this option, DO NOT fill your address below.)
<input type="checkbox"/> I am <u>not</u> requesting that my address be kept confidential. My address is:
Street:
City, State, Zip Code
<input type="checkbox"/> I am requesting that my phone number be kept confidential by submitting the completed <i>Confidential Address/Phone Request</i> form to the Court. (Note: If you choose this option, DO NOT fill your phone number below.)
<input type="checkbox"/> I am <u>not</u> requesting that my phone number be kept confidential. My phone number is:

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Email Notification of Service

By providing my email address below, I ask to be notified by email, in addition to regular U.S. mail, when the Respondent is served with the OFP. I AM AWARE THAT THIS EMAIL ADDRESS WILL BE SEEN BY THE RESPONDENT.

Email address:

2. JURISDICTION

I am the Petitioner in this action. I am a family or household member of the Respondent petitioning the Court on behalf of myself and/or on behalf of minor family or household member(s) pursuant to 8 MLBS § 403(a) because I am/we are the victim(s) of domestic abuse.

3. WHO NEEDS PROTECTION?

- Me (Petitioner)
- My minor children
- A person for whom I am the legal guardian (attach Guardianship Order)
- A minor child who is not my legal child, but is a family or household member of mine
- Other: _____

For anyone you checked above, other than you, please fill out the following:

Name	Date of Birth	Mille Lacs Band Member?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

4. RESPONDENT INFORMATION: (Person you want protection from.)

Name:	
Date of Birth: (month/day/year):	If unknown, age or approximate age:
Mille Lac Band of Ojibwe Member? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Respondent is under the age of 18, provide name of Parent/Guardian:	
If Respondent is under the age of 18, provide address of Parent/Guardian:	<input type="checkbox"/> Same as Respondent
Street:	

City, State, Zip Code
Note: If Respondent is under 18 years old, service must be made on Respondent and Respondent's parent or guardian

5. RELATIONSHIP WITH RESPONDENT

("Family or household members included "the spouse, parents, and children, persons related by consanguinity, and persons jointly residing in the same dwelling unit." 8 MLBS § 401(b).)

How does the person(s) needing protection know the Respondent? (Check all that apply.)

- Married Marriage Date: _____
- Divorced Marriage Date: _____ Divorce Date: _____
- Currently living together since: _____ (date)
- Used to live together from: _____ to _____ (dates)
- Have a child(ren) together
- Have an unborn child together
- Respondent is the parent
- Respondent is the child
- Related by blood
- Significant romantic or sexual relationship
The relationship lasted from: _____ to _____ (dates)

Does Respondent work or attend school at the same place as you (or others listed in #2)?

- Yes, work Yes, school No, neither work or school

6. OTHER ORDERS FOR PROTECTION

Is there an OFP **in effect now** between you and anyone else listed in #2 above and the Respondent? Yes (attach copy) No (If no, skip to # 6.)

If **Yes**, when does the OFP expire? _____

What county or tribal court in what state issued the OFP? _____

What is the Court File or Case Number? _____

The OFP requires (name) _____

to stay away from (name(s)) _____

7. OTHER COURT CASES

Now, or in the past, have you (or other persons listed in #2) and Respondent been **jointly** involved in other family court cases, domestic abuse criminal cases, or harassment restraining order cases?

Yes No (If no, skip to #7.)

If **Yes**, check the box to show what type of case (current or closed) you and the Respondent have (or had). Check all that apply:

Divorce Custody Paternity Child Support Child Protection
 Domestic Abuse criminal charges/conviction Harassment Restraining Order

Case Type	Case Number	State, County, Tribe	Year Filed

8. WHAT HAPPENED?

Why do you (and/or the person(s) listed at #2) need an OFP? **“Domestic abuse” is defined as “physical harm, bodily injury, assault, or the infliction of fear of imminent physical harm, bodily injury or assault, between family and household members.”** 8 MLBS § 401(a).

Describe the abuse by answering the questions below. If there are several dates, start with the most recent incident. If you may attach additional pages to describe what happened on the other dates, if necessary. Attach any police or medical reports if available.

Most recent incident.

Date of the most recent domestic abuse: _____

Who was there? _____

Describe what Respondent did to **threaten** or **physically harm** you (or others in #2) or to make you (or others listed in #2) **afraid**:

Did any of the following occur? (Check all that apply.)

- Respondent used a weapon Respondent injured someone
 Medical treatment was needed Law enforcement responded
 Respondent interfered with an emergency or 911 call

9. HISTORY OF ABUSE AND POTENTIAL FUTURE ABUSE

Beside the recent incidents, if you want the Court to know about **any history of abuse** by Respondent, you may briefly explain that history here:

Do you believe that the domestic abuse will continue and that you (or other named in #2) are in immediate danger? **Yes, and I ask the Court to waive the 5 day notice requirement of a hearing** **No.**

If yes, explain why: _____

10. REQUESTS FOR RELIEF

I request that the Court order the following relief: (Check all that apply.)

- Restrain Respondent from committing any acts of domestic abuse.
- Exclude the Respondent from the Petitioner's dwelling or residence.
- Order the Mille Lacs Band Law Enforcement Agency to accompany Petitioner and assist in placing Petitioner in possession of the dwelling or residence, or otherwise assist in execution or service of the order of protection.
- Prohibit Respondent from contacting Petitioner at work or at any other location by any means, including telephone, email, social media, instant messages, mail, or through third parties.
- Grant Petitioner care, custody, and control of the parties' minor child(ren).
- Order Respondent to pay temporary support to Petitioner (if Respondent's spouse) and/or the parties' children.
- Direct the (appropriate agency) _____ to provide appropriate counseling or other social services to the abused parties.
- Order the Respondent to return the Petitioner's personal property, listed below:
 1. _____
 2. _____
 3. _____
 4. _____

Please check if additional sheets are attached.

AFFIDAVIT

I declare under penalty of perjury that the information provided in this *Petition for Order of Protection* and any attached information is true to the best of my knowledge, information, and belief.

Dated: _____

Petitioner's Signature

Petitioner's Printed Name