

## FORM 10.03-G: INFORMATION ABOUT FILING A CIVIL STALKING PROTECTION ORDER AND A CIVIL SEXUALLY ORIENTED OFFENSE PROTECTION ORDER

- If you have any questions about completing the Petition for a Civil Stalking Protection Order (CSPO) or a Civil Sexually Oriented Offense Protection Order (Form 10.03-D), contact the local victim assistance program, domestic violence program, or Ohio Domestic Violence Network at 800-934-9840.
- Neither the Clerk of Court's Office nor the local domestic violence program can give legal advice. If you need legal advice, talk to a lawyer. Only a lawyer can give you legal advice.
- There is NO FEE for filing the Petition.
- Once completed, take the Petition and other necessary documents to Room 103 at 41 N. Perry Street..
- If you want an emergency order, also known as an Ex Parte Protection Order, check "want" in paragraph 2 of the Petition.
- The Court will consider your request for an Ex Parte Protection Order and may ask you questions.
- Regardless if an Ex Parte Protection Order was requested, granted, or denied, a full hearing will be scheduled.
- You must attend the full hearing. Your victim advocate may also be present at the hearing.
- On the day of the full hearing, be prepared to (1) tell the Court what happened, (2) bring with you any witnesses, evidence, and documentation to prove your case, and (3) ask Respondent questions.
- Respondent may be represented by a lawyer. You may ask for a continuance to obtain a lawyer per R.C. 2903.214(D)(2)(iii).
- Respondent or Respondent's lawyer may present evidence and ask you questions.
- The Court cannot issue a protection order against you unless Respondent has filed a Petition.

### DEFINITIONS

**Menacing by Stalking**  
[R.C. 2903.211(A)(1)  
through (3)]

No person by engaging in a pattern of conduct shall knowingly cause another person to believe that the offender will cause physical harm to the other person or cause mental distress to the other person.

No person, through the use of any form of written communication or any electronic method of remotely transferring information, including, but not limited to, any computer, computer network, computer program, or computer system, or telecommunication device, shall post a message or use any intentionally written or verbal graphic gesture with purpose to (a) violate [this law] **OR** (b) urge or incite another to commit a violation of [this law]. No person, with a sexual motivation, shall violate [this law].

**Pattern of Conduct**  
[R.C. 2903.211(D)(1)]

Pattern of conduct means two or more actions or incidents closely related in time.

**Mental Distress**  
[R.C. 2903.211(D)(2)]

Mental distress means: (a) any mental illness or condition that involves some temporary substantial incapacity **OR** (b) any mental illness or condition that would normally require psychiatric treatment, psychological treatment, or other mental health services, regardless if psychiatric treatment, psychological treatment, or other mental health services was requested or received.

**Sexually Oriented Offense**  
[R.C. 2950.01.]

Sexually oriented offenses are defined at R.C. 2950.01.

CASE NUMBER(S) \_\_\_\_\_  
\_\_\_\_\_

ACKNOWLEDGMENTS

**INITIAL  
HERE**

\_\_\_\_\_ I hereby acknowledge and understand that all information which I provide on my petition(s) for Civil Stalking or Sexually Oriented Offense Protection Order will be accessible to the public. I understand that the respondent(s) will be served with a complete and unedited copy of the petition(s).

**INITIAL  
HERE**

\_\_\_\_\_ I hereby acknowledge and understand that if I do not provide (1) the first and last name of each Respondent and (2) each Respondent's date of birth or social security number to the Montgomery County Common Pleas Court or the Montgomery County Sheriff's Office, any Civil Stalking or Sexually Oriented Offense Protection Order(s) granted in my case(s) **will not** be registered in law enforcement computers until this information is obtained.

**SIGN  
HERE**

\_\_\_\_\_  
Petitioner

\_\_\_\_\_  
Witness

IN THE COURT OF COMMON PLEAS  
COUNTY, OHIO

Petitioner \_\_\_\_\_ : Case No. \_\_\_\_\_

\_\_\_\_\_ :

Address (Safe mailing address) \_\_\_\_\_ : Judge/Magistrate \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_ :

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ :

v. \_\_\_\_\_ :

PETITION FOR CIVIL STALKING PROTECTION ORDER (R.C. 2903.214)

Respondent \_\_\_\_\_ :

PETITION FOR CIVIL SEXUALLY ORIENTED OFFENSE PROTECTION ORDER (R.C. 2903.214)

Address (If home address unknown, may be work address) \_\_\_\_\_ :

City, State, Zip Code \_\_\_\_\_ :

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Respondent is 18 years old or older

**IF YOU ARE ASKING YOUR ADDRESS TO BE KEPT CONFIDENTIAL, PLEASE PUT A MAILING ADDRESS WHERE YOU CAN SAFELY RECEIVE MAIL. IF YOU ARE A PARTICIPANT IN THE SECRETARY OF STATE'S ADDRESS CONFIDENTIALITY PROGRAM, PLEASE USE THE P.O. BOX ADDRESS GIVEN TO YOU. THIS FORM IS A PUBLIC RECORD.**

1. I need or a witness needs a foreign language interpreter in \_\_\_\_\_ or an American Sign Language interpreter per Sup.R. 88.

2. I  want  do not want an **ex parte (emergency) protection order** per R.C. 2903.214(D).  
Petitioner further requests a full hearing trial be scheduled, even if the *ex-parte* protection order is granted, denied, or not requested.

3. Who needs protection?  
 Me  
 My minor children  
 A family or household member who is not a minor child  
 Other \_\_\_\_\_

4. I have listed below all family or household members who need protection, other than me or the person for whom I am filing the Petition. (Leave blank if you are **not** including other family or household members.)  
\_\_\_\_\_

NAME	DATE OF BIRTH	RELATIONSHIP TO PETITIONER	LIVES WITH PETITIONER
	/ /		<input type="checkbox"/> YES <input type="checkbox"/> NO
	/ /		<input type="checkbox"/> YES <input type="checkbox"/> NO
	/ /		<input type="checkbox"/> YES <input type="checkbox"/> NO
	/ /		<input type="checkbox"/> YES <input type="checkbox"/> NO
	/ /		<input type="checkbox"/> YES <input type="checkbox"/> NO

- 5. Petitioner requests a **Civil Stalking Protection Order**.

You **must** describe two or more incidents closely related in time that made you believe that Respondent will cause you physical harm or cause (or has caused) you mental distress. When did they happen (if you do not know exact dates, give approximate dates)?  
**If you need more space, attach an additional page.**

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- 6. Petitioner requests a **Civil Sexually Oriented Offense Protection Order**.

You **must** describe what Respondent did to you or the persons named in this Petition as fully as possible. You do not need to prove a pattern of conduct. One act may be enough.  
**If you need more space, attach an additional page.**

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- 7. Petitioner further requests the Court grant relief under R.C. 2903.214 for Petitioner and the family or persons named in this Petition by granting a Civil Stalking Protection Order or Civil Sexually Oriented Offense Protection Order that:

- (a) Directs Respondent to not abuse Petitioner and persons named in this Petition by harming, attempting to harm, threatening, following, stalking, harassing, contacting, forcing sexual relations upon them, or by committing sexually oriented offenses against them.
- (b) Directs Respondent to not enter the residence, school, business, place of employment, child care providers, or day care centers of Petitioner and persons named in this Petition, including the buildings, grounds, and parking lots at those locations.
- (c) Directs Respondent not to interfere with Petitioner's right to occupy the residence including, but not limited to canceling any utilities or insurance or interrupting phone service, mail delivery, or the delivery of any other documents or items.

- (d) Directs Respondent not to remove, damage, hide, or dispose of any property, companion animals, or pets owned or possessed by Petitioner and persons named in this Petition.
- (e) Grants Petitioner permission to take Petitioner's companion animals or pets, as described below, away from the possession of Respondent.
- (f) Directs Respondent not to possess, use, carry, or obtain any deadly weapon, firearms, and ammunition.
- (g) Directs Respondent to be electronically monitored, because Respondent's conduct, as explained below, puts the health, welfare, or safety of Petitioner and the persons named in this Petition at risk. Also, as explained below, Respondent continues to present a danger to Petitioner and the persons named in this Petition. **If you need more space, attach an additional page.**

\_\_\_\_\_

- (h) Includes the following additional provisions:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- 8. Petitioner further requests that the Court not issue any mutual protection orders or other orders against Petitioner unless all of the conditions of R.C. 2903.214(E)(3) are met.
- 9. Petitioner further requests that if Petitioner has a victim advocate, the Court permit the victim advocate to accompany Petitioner at all stages of these proceedings as required by R.C. 2903.214(L).
- 10. Petitioner further requests that the Court grant such other relief designed to ensure the safety and protection of Petitioner and persons named in this Petition.
- 11. Petitioner has listed court cases (including divorce, custody, visitation, children service case; pending criminal case or conviction for felonious assault, aggravated assault, assault, aggravated menacing, menacing by stalking, menacing, aggravated trespass; animal cruelty; sexually oriented offenses; no contact order; stay away order, and other protection order) and other legal matters involving Respondent, that may relate to this case: **(If you need more space, attach an additional page.)**

CASE NAME	CASE NUMBER	COURT/COUNTY	RESULT OF CASE

**I swear or affirm that the answers above are true, complete, and accurate to the best of my knowledge. I understand that making false statements in this document may result in a contempt of court finding against me which could result in a jail sentence and fine, and may also subject me to criminal penalties for perjury under R.C. 2921.11.**

\_\_\_\_\_  
SIGNATURE OF PETITIONER

\_\_\_\_\_  
DATE

**IF YOU DO NOT HAVE A LAWYER, PLEASE LEAVE THE INFORMATION BELOW BLANK.**

\_\_\_\_\_  
Signature of Petitioner's Attorney

\_\_\_\_\_  
Attorney's Registration Number

\_\_\_\_\_  
Name of Attorney

\_\_\_\_\_  
Attorney's Telephone

\_\_\_\_\_  
Attorney's Address

\_\_\_\_\_  
Attorney's Fax

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Attorney's Email

Attest: \_\_\_\_\_

Deputy Clerk

PROTECTION ORDER NOTICE TO NCIC (Required fields appear in bold print)

- Initial NCIC Form                       Amended NCIC Form                       Removal from NCIC
- Service Completed (Law Enforcement Agency: If unchecked, presume Service Unknown)

Pursuant to Rules 10.01, 10.02, 10.03, and 10.05 of the Rules of Superintendence for the Courts of Ohio, this information shall be promptly entered into the National Crime Information Center index.

**SUBJECT NAME** \_\_\_\_\_  
(LAST) (FIRST) (M.I.)

ADDRESS \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP)

PHYSICAL DESCRIPTION: HGT \_\_\_\_\_ WGT \_\_\_\_\_ HAIR \_\_\_\_\_  
EYES \_\_\_\_\_ RACE \_\_\_\_\_ SEX  M  F

**NUMERICAL IDENTIFIER (NOTE: Only ONE of the 4 numerical identifiers is needed.)**

1. SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ 2. DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

3.\* DRIVER'S LIC. NO. \_\_\_\_\_ STATE \_\_\_\_\_ EXPIRATION YR. \_\_\_\_\_

4.\* VEHICLE LIC. NO. \_\_\_\_\_ STATE \_\_\_\_\_ EXPIRATION YR. \_\_\_\_\_

(\* If #3 or #4 is used as a numerical identifier, entire line MUST be completed.)

**BRADY DISQUALIFIERS:**

Pursuant to 18 U.S.C. 922(g)(8), a "yes" response to all three Brady questions disqualifies the subject from purchasing or possessing any firearms, including a rifle, pistol, revolver, or ammunition.

- Does the Order protect an intimate partner or child(ren)?  YES  NO
- Did the subject have notice of the hearing and opportunity to participate in the hearing regarding the Order?  YES  NO
- Does the Order find the subject a credible threat or explicitly prohibit physical force?  YES  NO

**CASE / ORDER NO.** \_\_\_\_\_ (15 DIGIT MAXIMUM) **Is order term of probation/ community control?**  YES  NO

**COURT ORIGINATING AGENCY IDENTIFIER** \_\_\_\_\_ (9 DIGIT ORI ASSIGNED BY NCIC)

NAME OF JUDGE/MAGISTRATE \_\_\_\_\_

**DATE OF ORDER** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **EXPIRATION OF ORDER** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(IN R.C. 2919.26 AND 2903.213 CASES, "NONEXP" MAY BE USED)

**TERMS AND CONDITIONS OF ORDER (Mark all that are applicable):**

OHP DATA

ONLY

#EPO

- 01 The subject is restrained from assaulting, threatening, abusing, harassing, following, interfering, or stalking the protected person and/or the child(ren) of the protected person.
- 02 The subject shall not threaten a member of the protected person's family or household.
- 03 The protected person is granted exclusive possession of the residence or household.
- 04 The subject is required to stay away from the residence, property, school, or place of employment of the protected person or other family or household member.
- 05 The subject is restrained from making any communication with the protected person, including but not limited to, personal, written, or telephone contact, or their employer, employees, or fellow workers, or others with whom the communication would be likely to cause annoyance or alarm the victim.
- 06 The subject has visitation or custody rights of the child(ren) named in this Order.
- 07 The subject is prohibited from possessing and/or purchasing a firearm or other weapon as identified in the Miscellaneous Field.
- 08 See the Miscellaneous Field for comments regarding the specific terms and conditions of this Order. Miscellaneous comments: \_\_\_\_\_
- 09 The protected person is awarded temporary exclusive custody of the child(ren) named.

**LIST ALL PROTECTED PERSONS** (Total of 9 allowed. **SSN is NOT necessary if DOB is given.**)

**PROTECTED PERSON** \_\_\_\_\_  
 (LAST) (FIRST) (M.I.)  
 DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SSN \_\_\_\_ - \_\_\_\_ - \_\_\_\_ RACE \_\_\_\_  
 SEX  M  F

**PROTECTED PERSON** \_\_\_\_\_  
 (LAST) (FIRST) (M.I.)  
 DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SSN \_\_\_\_ - \_\_\_\_ - \_\_\_\_ RACE \_\_\_\_  
 SEX  M  F

**PROTECTED PERSON** \_\_\_\_\_  
 (LAST) (FIRST) (M.I.)  
 DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SSN \_\_\_\_ - \_\_\_\_ - \_\_\_\_ RACE \_\_\_\_  
 SEX  M  F

**PROTECTED PERSON** \_\_\_\_\_  
 (LAST) (FIRST) (M.I.)  
 DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SSN \_\_\_\_ - \_\_\_\_ - \_\_\_\_ RACE \_\_\_\_  
 SEX  M  F

**PROTECTED PERSON** \_\_\_\_\_  
 (LAST) (FIRST) (M.I.)  
 DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SSN \_\_\_\_ - \_\_\_\_ - \_\_\_\_ RACE \_\_\_\_  
 SEX  M  F

**PROTECTED PERSON** \_\_\_\_\_  
 (LAST) (FIRST) (M.I.)  
 DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SSN \_\_\_\_ - \_\_\_\_ - \_\_\_\_ RACE \_\_\_\_  
 SEX  M  F

**PROTECTED PERSON** \_\_\_\_\_  
 (LAST) (FIRST) (M.I.)  
 DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SSN \_\_\_\_ - \_\_\_\_ - \_\_\_\_ RACE \_\_\_\_  
 SEX  M  F

**PROTECTED PERSON** \_\_\_\_\_  
 (LAST) (FIRST) (M.I.)  
 DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SSN \_\_\_\_ - \_\_\_\_ - \_\_\_\_ RACE \_\_\_\_  
 SEX  M  F

**PROTECTED PERSON** \_\_\_\_\_  
 (LAST) (FIRST) (M.I.)  
 DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SSN \_\_\_\_ - \_\_\_\_ - \_\_\_\_ RACE \_\_\_\_  
 SEX  M  F

**Authorized by (signature):** \_\_\_\_\_ / / \_\_\_\_\_  
 Judge/Magistrate (circle one) Date

<b>DO NOT SERVE OR SHOW THIS SHEET TO RESPONDENT FOR USE BY LAW ENFORCEMENT ONLY</b>	* Case Number
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### LAW ENFORCEMENT INFORMATION

This completed form is required by law enforcement to enforce your order. Fill in the following information as completely as possible. Type or print only. *Addresses, birthdates and Social Security numbers of both parties are necessary to serve and enforce your order.*

<b>RESPONDENT INFORMATION</b>		* Name of Respondent (First, Middle, Last)				
* Social Security Number or ID Number (specify)			Nickname	* Sex	* Race	* Birthdate
Height	Weight	Eye Color	Hair Color	Skin Tone	Build	Relation to Petitioner
Current Address				Home Phone	Interpret Required? Language	
Employer		Employer's Address			<b>WORK</b> Hours: Phone:	
Vehicle License Number		Vehicle Make and Model			Vehicle Color	Vehicle Year

<b>PETITIONER INFORMATION</b>		* Name of Petitioner (First, Middle, Last)			
Current Address			* Birthdate/Age	<b>PHONE</b> Home: Work:	
Contact Name					
Contact Address				Contact Phone	

<b>PERSONS PROTECTED BY THIS ORDER</b>	* (MUST LIST NAME AND DATE OF BIRTH)
Name / Birthdate / Social Security Number	Name / Birthdate / Social Security Number
1. (Petitioner) _____	4. (Child) _____
2. (Child) _____	5. (Other) _____
3. (Child) _____	6. (Other) _____

<b>HAZARD INFORMATION</b>	Weapons   Guns/Rifles   Knives   Explosives   Other   Location of Weapons:
Itemize/Explain:	Vehicle <input type="checkbox"/> On Person <input type="checkbox"/> Residence <input type="checkbox"/>

<b>CURRENT STATUS</b>	<b>Respondent's History Includes:</b>
Are you and the respondent living together right now?   Yes   No Does the respondent know you are trying to get this order?   Yes   No Does the respondent know he/she may be moved out of home?   Yes   No Is the respondent likely to react violently when served?   Yes   No	<input type="checkbox"/> Mental Health Problems (Commitment, Treatment, Suicide Attempt, Other) <input type="checkbox"/> Assault <input type="checkbox"/> Assault with Weapons <input type="checkbox"/> Alcohol / Drug Abuse <input type="checkbox"/> Active Warrant for Arrest <div style="text-align: right; font-size: small;">(Give name of Court, if known)</div>

\* These information items **must** be provided for the Protection Order to be entered into the NCIC law enforcement data system.