

PROTECTION FROM ABUSE PETITION

**PLEASE COMPLETE
THE ENTIRE PACKET
AND BRING TO THE
PROTHONOTARY'S
OFFICE LOCATED AT
THE PIKE COUNTY
COURTHOUSE
412 BROAD STREET
ONCE COMPLETED**

Protection from Abuse Petition INSTRUCTIONS AND FREQUENTLY ASKED QUESTIONS

***YOU MUST COMPLETE THE ENTIRE PACKET AND ONCE COMPLETE, BRING TO THE PROTHONOTARY'S OFFICE LOCATED AT 412 BROAD STREET, MILFORD, PA.**

What is a Protection From Abuse Order?

A Protection from Abuse Order is a civil order that protects victims of domestic violence from abuse. Abuse includes physical injury or threats of physical injury.

What is Abuse?

Under the Protection From Abuse Act, abuse is defined as *any* of the following:

1. Attempting to cause or intentionally or recklessly causing bodily injury.
2. Placing another, by physical threat, in fear of imminent serious bodily injury.
3. False imprisonment.
4. Physically or sexually abusing minor children.
5. Stalking a person and placing that person in reasonable fear of bodily injury.

****The Act does not cover emotional, verbal or mental abuse.***

****The Act is not the appropriate avenue to obtain custody, support or exclusive possession of a home. Please seek legal advice if any of the above is your sole purpose.***

Who May File for a Protection from Abuse Order?

You may file for protection in Pike County if you live here, the defendant lives here, or the abuse occurred here. There has to be physical abuse or threats of physical abuse.

A person can only file a Protection from Abuse against an intimate partner or family member. Here are some examples:

1. Spouses or former spouses
2. Current or former sexual or intimate partners
3. Household members related by blood
4. Household members related by marriage
5. Same sex couples
6. Parents, children and siblings

****If the abused person is a minor, then a parent or guardian must file on behalf of the child.***

****The PFA act does not apply to disputes between strangers, neighbors, roommates, co-workers, or classmates.***

How and Where Do I File for Protection from Abuse?

You must appear in person at the Prothonotary's Office at the Pike County Courthouse, 412 Broad Street, Milford, PA 18337 with a completed PFA packet. No one on staff is able to provide legal advice to you; the staff will collect and review the paperwork that is needed. The staff may not give you legal advice.

You must be abused (read the definition above) in order to qualify for the PFA. After completing ALL of the paperwork, the staff will take you and your petition before the Judge for an ex parte PFA hearing.

Petitions are presented to the judge daily:

- In order to obtain a PFA, you need to be at the Pike County Courthouse with your entire packet completed no later than 12:00 Noon.

Clients arriving after 12:00 Noon will be referred to their Magisterial District Judge

What Should I Bring With Me When I Go To File For A Protection from Abuse Order?

Please come prepared with the following information:

- Names (all persons and parties)
- Date of birth (all persons and parties)
- Social security number (all persons and parties)
- Addresses (all persons and parties) *You must have a valid address for the Defendant
- Physical description of the Defendant
- Vehicle make, model, style, and license plate number of the Defendant

How Do I Receive a Temporary Protection Order After Filing a Petition for Protection from Abuse?

After filing a petition for protection from abuse, a judge will review your paperwork and will conduct an ex parte hearing to determine if a temporary protection order will be granted. If the judge believes a Temporary Order should be granted, he will issue a temporary protection order. If you are granted a temporary Order, that a Hearing to determine whether a Final Order will be granted will be scheduled before a judge within 10 days.

What Help is Available at Night, On Weekends or When The Courts are Closed?

In case of an emergency or if you've been a victim of domestic abuse, contact your local police department or 911. If you are in immediate and present danger of abuse, a Petition for Emergency Relief from Abuse may be filed with the on call district court (the police will provide you with the name of the on call emergency magisterial district judge). If the magisterial district judge believes that you are in immediate danger, he/she may grant you an Emergency Protection from Abuse Order.

*This emergency protection order will expire on the following business day. Be sure to go to the Pike County Courthouse between the hours of 8:30 am and 12:00 pm to file for a Protection from Abuse order if you want to pursue one.

How Do I Get a Final Protection from Abuse Order?

A hearing will be held in front of a judge within ten days of filing your petition with the court, and the judge will listen to the facts of your case. If the judge finds that the abuse has occurred, a final protection from abuse order will be issued. The length can be from one (1) to thirty-six (36) months.

Is There a Cost for Filing a Protection from Abuse Order?

Yes, but not to the filing party.

What Protection Will I Receive?

A Protection from Abuse Order may contain the following relief:

1. direct the alleged assailant not to abuse, threaten, harass or stalk you.
2. direct the alleged assailant to stay away from your house or apartment, where you live, even if that is also the alleged assailant's home.
3. direct the alleged assailant to stay away from your school or where you work.
4. direct the alleged assailant to refrain from harassing you or your relatives.
5. prohibit the alleged assailant from having any guns or gun permits.
6. direct the alleged assailant to pay you for losses resulting from the abuse. These could include medical bills and lost wages.
7. award you temporary custody of your children and may grant you temporary support for yourself and/or the children of the alleged assailant (THIS MAY NOT APPLY IN ALL CASES).

***Terms of order may vary depending on each specific circumstance.**

***If you are awarded custody/support you MUST follow-up by filing the appropriate custody/support actions in a timely manner. Do not wait until your order expires. Speak to an attorney prior to taking these actions for legal advice.**

How Can I get a Copy of My Protection From Abuse Order?

A copy of your Final Protection from Abuse order will be mailed to you at your last known address filed with the Prothonotary. You can obtain a copy of your Protection from Abuse Order by going to the Prothonotary located on the first floor of the Pike County Courthouse, 412 Broad Street, Milford, PA. There is a fee for copies.

How Can I Find a Lawyer?

North Penn Legal Services: 10 N. 10th St, Stroudsburg, PA; 570-424-5338

How Do I Withdraw My Temporary Protection from Abuse Order?

You need to complete a Petition to Withdraw/Modify Protection from Abuse Order and file it with the Prothonotary located on the first floor of the Pike County Courthouse, 412 Broad Street, Milford, PA. If the request is received prior to your Hearing date, your Hearing will be cancelled and your PFA will be Withdrawn.

How Do I Withdraw or Change My Final Protection from Abuse Order?

If you wish to withdraw or change your PFA and you already had your Final Hearing, you would need to complete a Petition to Withdraw/Modify Protection from Abuse Order and file it with the Prothonotary located on the first floor of the Pike County Courthouse, 412 Broad Street, Milford, PA . The Judge will set a Hearing date for your to present your request to withdraw or modify your final Protection from Abuse Order. The Judge would then decide whether to approve your request or not. All costs and fees must be paid before the Protection from Abuse Order may be withdrawn.

How Do I File For Contempt of the Protection from Abuse Order?

Contempt of a PFA Order can be filed by the police departments. If you call the police because you feel the defendant violated the PFA, if the police agree they would file the necessary paperwork and a hearing would be scheduled.

The Plaintiff may also file a Private Indirect Criminal Contempt Complaint pursuant to 23 Pa.C.S.A § 6113.1.

How Do I File For an Extension of the Protection from Abuse Order?

Any request for extension of a Final Protection from Abuse Order, must be made in writing and filed with the Prothonotary located on the first floor of the Pike County Courthouse, 412 Broad Street, Milford, PA **at least two weeks prior to the expiration date** of the Final Order. A Hearing date will be set before a Judge to determine if there is sufficient evidence to extend the Final Protection from Abuse Order.

VICTIM INFORMATION SHEET

You have been provided with this blank Petition to complete. Please answer all relevant questions of the Petition fully and completely including the Defendant's full name and physical address. Please note that you must complete the **whole packet** – be consistent with the information provided as the packet is separated for processing. Please further note that there is no filing fee or court costs with regard to the filing of this Petition.

PLEASE CONTACT YOUR ATTORNEY AT ONCE. If you cannot afford an attorney, you may be eligible for legal assistance. To find out if you are eligible, CALL VICTIMS' INTERVENTION PROGRAM (VIP) 24 hour Crisis Hotline 1-570-253-4401 or 1-800-698- 4VIP (4847) OR NORTH PENN LEGAL SERVICES (1-877-953-4250).

To find out what other services may be available to you, CONTACT VICTIMS' INTERVENTION PROGRAM (VIP), P.O. BOX 986, HONESDALE, PA, 24 hour Crisis Hotline 1-570-253-4401 or 1-800-698- 4VIP (4847) OR Safe Haven of Pike County, 402 Broad Street, Milford, PA (570) 296-HELP (4357).

IF/WHEN THE COURT SETS A HEARING ON YOUR PETITION, YOU WILL RECEIVE THE CERTIFIED COURT ORDER AND PETITION. The Court will serve a copy of all Temporary Protection Orders on the Pennsylvania State Police and local police departments. YOU SHOULD KEEP YOUR PROTECTION ORDER WITH YOU AT ALL TIMES.

IF A VIOLATION OF ANY PROTECTION ORDER OCCURS, YOU SHOULD CONTACT YOUR LOCAL POLICE DEPARTMENT OR THE PENNSYLVANIA STATE POLICE BY TELEPHONE IMMEDIATELY. You should be prepared to provide a copy of the Protection Order to the police. The police will determine whether procedures for initiating criminal charges against the Defendant for the alleged violation should be instituted.

PROTECTION FROM ABUSE AFFIDAVIT

DEFENDANT'S PHYSICAL DESCRIPTION:

HAIR: _____ EYES: _____
HEIGHT: _____ WEIGHT: _____
BUILD: _____ TATOOS: _____
HAIR LENGTH: _____
OTHER: _____

RACE OF DEFENDANT: (CIRCLE ONE)

- I - AMERICAN INDIAN/ALASKAN NATIVE
- A - ASIAN/PACIFIC ISLANDER
- B - BLACK
- W - WHITE
- U - UNKNOWN

HISPANIC SHOULD BE ENTERED WITH RACE CODE MOST CLOSELY REPRESENTING THE INDIVIDUAL.
(EXAMPLE: W OR B)

SPECIFIC DIRECTIONS TO WHERE THE DEFENDANT CAN BE LOCATED IN ORDER TO SERVE PAPERS ON HIM/HER: _____

PLAINTIFF

vs.

DEFENDANT

IN THE COURT OF COMMON PLEAS
PIKE COUNTY, PENNSYLVANIA

NO. _____

ENTRY OF APPEARANCE AS A SELF-REPRESENTED PARTY

1. I am the Plaintiff Defendant in the above-captioned (MARK ONE) custody, divorce, support, protection from abuse, paternity case.
2. This (MARK ONE) is is not a new case and I am representing myself in this case and have decided not to hire an attorney to represent me.

OR (check only one box)

This is NOT a new case and _____ previously
(Name of Attorney)
represented me in this case. I have decided not to be represented by that attorney and direct the Prothonotary to remove that attorney as my counsel of record in this case.

I have provided a copy of this form to that attorney listed above at the following address:

OR (check only one box)

I am entering my appearance as a self-represented party (sign) _____
My attorney acknowledges his/her withdrawal as my attorney in this case.
(Attorney signature) _____, Esq.

3. My address for the purpose of receiving all future pleadings and other legal notices is: _____
_____. I understand that this address will be the only address to which notices and pleadings in this case will be sent, and that I am responsible to regularly check my mail at this address to ensure that I do not miss important deadlines or proceedings.

This is my home address. This is not my home address.

4. My telephone number where I can be reached during normal business hours (8:00 a.m. – 4:30 p.m. Monday – Friday) is _____ My email address is _____
 My telephone number and email address are confidential pursuant to a Protection From Abuse Order.

5. I UNDERSTAND I MUST FILE A NEW FORM EVERY TIME MY ADDRESS OR TELEPHONE NUMBER CHANGES.

6. I have provided a copy of this form to all other attorneys or other self-represented parties at the following addresses as listed below: (Use reverse side if you need more space)

Name _____ Address _____
Name _____ Address _____

7. I fully understand that by deciding to represent myself, the Court will hold me to the same standards of knowledge regarding the statutory law, evidence law, Local and State Rules of Procedure and applicable case law as a Pennsylvania licensed attorney, and that I must be fully prepared to meet those responsibilities.

I verify that the statements made in this Entry of Appearance as a Self-Represented Party are true and correct. I understand that if I make false statements herein, that I am subject to the criminal penalties of 18 Pa.C.S. § 4904 relating to unsworn falsification to authorities which could result in a fine and/or prison term.

Date

Signature (Your Signature)

	Plaintiff		: IN THE COURT OF COMMON PLEAS
			: PIKE COUNTY, PENNSYLVANIA
			: :
v.			: NO.
			: :
	Defendant		: CIVIL ACTION – LAW
			: PROTECTION FROM ABUSE
			: :

PETITION FOR PROTECTION FROM ABUSE

1. Plaintiff's name is: _____
 Plaintiff's **year** of birth: _____

2. I am filing this Petition on behalf of:
 _____ Myself and/or _____ Another Person

If you checked "myself", please answer all questions referring to yourself as "Plaintiff".

If you ONLY checked "another person", please answer all questions referring to that person as the "Plaintiff", and provide your name and address here, as filer, unless confidential.

Filer's Name: (Only if not the Plaintiff) _____

_____ Filer's address is confidential
 Or
 _____ Filer's address is: _____

If you checked "Another Person", indicate your relationship with Plaintiff:
 (check all that apply)

- _____ Parent of minor Plaintiff(s)
- _____ Applicant for appointment as guardian ad litem of minor Plaintiff(s)
- _____ Adult household member with minor Plaintiff(s)
- _____ Court appointed guardian of incompetent Plaintiff(s)

3. Name(s) of ALL person(s), including minor children, who seek protection from abuse.
 (Note: You do NOT need to enter the Plaintiff's name again.)

Name of Person 1. _____

- _____ This is a child of BOTH the Plaintiff and the Defendant
- _____ This is a minor child living with the Plaintiff, but whose parents are NOT BOTH the Plaintiff & Defendant.
- _____ Neither of the above.
- _____ This is a minor child, and the Plaintiff is requesting custody.

Name of Person 2. _____

- _____ This is a child of BOTH the Plaintiff and the Defendant
- _____ This is a minor child living with the Plaintiff, but whose parents are NOT BOTH the Plaintiff & Defendant.
- _____ Neither of the above.
- _____ This is a minor child, and the Plaintiff is requesting custody.

Name of Person 3. _____

- _____ This is a child of BOTH the Plaintiff and the Defendant
- _____ This is a minor child living with the Plaintiff, but whose parents are NOT BOTH the Plaintiff & Defendant.
- _____ Neither of the above.
- _____ This is a minor child, and the Plaintiff is requesting custody.

Name of Person 4. _____

- _____ This is a child of BOTH the Plaintiff and the Defendant
- _____ This is a minor child living with the Plaintiff, but whose parents are NOT BOTH the Plaintiff & Defendant.
- _____ Neither of the above.
- _____ This is a minor child, and the Plaintiff is requesting custody.

4. Plaintiff's Address:

- _____ Plaintiff's address is confidential
- Or
- _____ Plaintiff's address is: _____

5. Defendant's Information: Name is: _____

- _____ Defendant's address is unknown.
- Or
- _____ Defendant is believed to live at the following address: _____

Defendant's **Year** of birth is: _____

Defendant's Place of employment is: _____

Is the Defendant 17 years old or younger? _____ Yes _____ No _____ Don't Know

CHECK HERE IF YOU HAVE REASON TO BELIEVE THAT DEFENDANT IS A LICENSED FIREARMS DEALER, EMPLOYED BY A LICENSED FIREARMS DEALER OR MANUFACTURER; EMPLOYED AS A WRITER, RESEARCHER, OR TECHNICIAN IN THE FIREARMS OR HUNTING INDUSTRY, OR IS REQUIRED TO CARRY A FIREARM AS A CONDITION OF EMPLOYMENT.

6. Indicate the relationship between the Plaintiff and the Defendant:

- Spouse or Ex-Spouse Current or former sexual/intimate partner
 Brother/Sister Persons who live or have lived like spouses
 Parent/Child Parent of a child with Defendant
 Other relationship by blood or marriage: _____
(If "other", please specify:)

7. Have the Plaintiff and the Defendant been involved in any of the following court actions?
(check all that apply)

- Divorce Custody Support Protection From Abuse

If you checked any of the above, briefly indicate when and where the case was filed, and the court number, if known: _____

8. Has the Defendant been involved in any criminal court action?

- Yes No Don't know

If you answered Yes, is the Defendant currently on probation or parole?

- Yes No Don't know

If you answered Yes, is it County and/or State probation/parole?

County probation/parole: (List counties/states of county probation/parole)

State probation/parole: (list states of state probation/parole)

Has Defendant been determined to be a perpetrator in a founded or indicated report under the Child Protective Services Law, 23 Pa. C.S. §§6301 - 6386?

If you answered Yes, what county's court or child protective services agency issued the founded or indicated report?

9. Plaintiff and Defendant are the parents of the following minor child/ren:

Name of Child 1. _____ Child's Age: _____

____ Child's address is confidential Or ____ Child's current address is:

Name of Child 2. _____ Child's Age: _____

____ Child's address is confidential Or ____ Child's current address is:

Name of Child 3. _____ Child's Age: _____

____ Child's address is confidential Or ____ Child's current address is:

Name of Child 4. _____ Child's Age: _____

____ Child's address is confidential Or ____ Child's current address is:

10. If Plaintiff and Defendant are parents of any minor child/ren together, is there an existing Court Order regarding their custody?

____ Yes ____ No ____ Don't Know

If you answered "Yes", describe the terms of the order (e.g., primary, shared, legal, or physical custody): Please be sure to indicate which terms of the order apply to which children.

If you answered "Yes", in what County and State was the Order issued?

County: _____ State: _____

If you are now seeking an Order of child custody as part of this Petition, list the following information:

- (a) Where has each child resided during the past five years? (Please include the Child's name, person(s) child lived with, address unless confidential, and when.)

<u>Child's Name</u>	<u>Person(s) child lived with</u>	<u>Address, unless confidential</u>	<u>When</u>
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- (b) List any other persons who are known to have or claim a right to custody of each child Listed above.

Name of Person 1. _____

_____ This person's address is confidential Or _____ This person's address is

Indicate the basis of this person's claim, and for which child/ren it applies in the space below.

Name of Person 2. _____

_____ This person's address is confidential Or _____ This person's address is

Indicate the basis of this person's claim, and for which child/ren it applies in the space below.

11. The following other minor child/ren presently live with Plaintiff.

Name of Child 1. _____

Child's Age: _____

Plaintiff's relationship to this child: _____

Name of Child 2. _____

Child's Age: _____

Plaintiff's relationship to this child: _____

Name of Child 3. _____

Child's Age: _____

Plaintiff's relationship to this child: _____

Name of Child 4. _____

Child's Age: _____

Plaintiff's relationship to this child: _____

12. The facts of the most recent incident of abuse are as follows:

Approximate Date:

Approximate Time:

Place (indicate address):

DESCRIBE IN DETAIL WHAT HAPPENED, INCLUDING ANY PHYSICAL OR SEXUAL ABUSE, THREATS, INJURY, INCIDENTS OF STALKING, MEDICAL TREATMENT SOUGHT, OR CALLS TO LAW ENFORCEMENT. (continue on next page)

12. Continued from Page 6 – most recent incident of abuse

13. If Defendant has committed prior acts of abuse against Plaintiff or the minor children, describe these prior incidents, including any threats, injuries, or incidents of stalking, and indicate approximately when such acts of abuse occurred. (attach additional sheets of paper if necessary)

14. (a) Has Defendant used or threatened to use any firearms or other weapons against Plaintiff or the minor child/ren? **If so, please describe the use or threatened use below** and list on Attachment A to Petition, which is incorporated by reference into this Petition, any firearms, other weapons, or ammunition Defendant used or threatened to use against Plaintiff or the minor child/ren: _____

(b) Other than the firearms, other weapons, or ammunition Defendant used or threatened to use against Plaintiff or the minor child/ren, does Defendant, to the best of your knowledge or belief, own or possess any additional firearm, other weapon, ammunition, or any firearm license? _____ YES _____ NO

(c) If the answer to (b) above is “yes”, list any additional firearm, other weapon, or ammunition owned by or in the possession of Defendant on Attachment A to Petition, which is incorporated by reference into this Petition.

(d) PLAINTIFF (**check one**) _____ **DOES** _____ **DOES NOT** request that the Court order Defendant to relinquish firearms, other weapons, or ammunition listed on Attachment A to Petition. If Plaintiff does seek relinquishment, identify on Attachment A to Petition the firearms, other weapons, or ammunition Plaintiff requests the Court to order Defendant to relinquish.

15. Identify the sheriff, police departments, or law enforcement agency in the area in which Plaintiff lives that should be provided with a copy of the protection order:

16. There is an immediate and present danger of further abuse from the Defendant.

CHECK THE FOLLOWING BOXES ONLY IF THEY APPLY TO YOUR CASE AND PROVIDE THE REQUESTED INFORMATION.

____ Plaintiff is asking the court to evict and exclude the Defendant from the following residence: _____

____ Owned by (list owners, if known): _____

____ Rented by (list all names, if known): _____

____ Defendant owes a duty of support to Plaintiff and/or minor children:

____ Plaintiff has suffered out-of-pocket financial losses as a result of the abuse described above. Those losses are: _____

FOR THE REASONS SET FORTH ABOVE, I REQUEST THAT THE COURT ENTER A TEMPORARY ORDER, and AFTER HEARING, A FINAL ORDER THAT WOULD DO THE FOLLOWING: (CHECK ALL FORMS OF RELIEF REQUESTED)

____ A. Restrain Defendant from abusing harassing, stalking, threatening, or attempting or threatening to use physical force against Plaintiff or the minor child/ren in any place where Plaintiff or the minor child/ren may be found.

____ B. Evict/exclude Defendant from Plaintiff's residence and prohibit Defendant from attempting to enter any temporary or permanent residence of Plaintiff.

____ C. Require Defendant to provide Plaintiff and/or minor child/ren with other suitable housing.

____ D. Award Plaintiff temporary custody of the minor child/ren and place the following restrictions on contact between Defendant and Child/ren: _____

____ E. Prohibit Defendant from having any contact with Plaintiff or the minor child/ren either in person, by telephone, or in writing, personally or through third persons, including but not limited to any contact at Plaintiff's school, business, or place of employment, except as the court may find necessary with respect to partial custody with the minor child/ren.

____ F. Prohibit Defendant from having any contact with Plaintiff's relatives and Plaintiff's children listed in this Petition, except as the court may find necessary with respect to partial custody with the minor children. The following persons are Plaintiff's relatives or family and household members that Plaintiff believes require protection from stalking and harassment by Defendant.

NAME ADDRESS (optional) RELATIONSHIP TO PLAINTIFF

____ G. Order Defendant to temporarily relinquish the firearms, other weapons, or ammunition listed on Attachment A to Petition, under Defendant's control, or in Defendant's possession, or any firearm license to the sheriff or the appropriate law enforcement agency.

____ H. Prohibit Defendant from acquiring or possessing firearms for the duration of the order.

____ I. Order Defendant to pay temporary support for Plaintiff or the minor child/ren, including medical support and payment of the rent or mortgage on the residence.

____ J. Direct Defendant to pay Plaintiff for the reasonable financial losses suffered as a result of the abuse, to be determined at the hearing.

____ K. Order Defendant to pay the costs of this action, including filing and service fees.

____ L. Order Defendant to pay Plaintiff's reasonable attorney's fees.

____ M. Order the following additional relief, not listed above: _____

____ N. Grant such other relief as the court deems appropriate.

____ O. Order the police, sheriff, or other law enforcement agency to serve the Defendant with a copy of this Petition, any Order issued, and the Order for Hearing. Plaintiff will inform the designated authority of any addresses, other than the Defendant's residence, where Defendant can be served.

____ P. Direct the Pennsylvania State Police, the municipal police, or the sheriff to accompany Plaintiff to his or her residence to retrieve personal belongings or accompany Plaintiff while the petition or order is served on Defendant, if Plaintiff has reason to believe his or her safety is at risk.

Respectfully submitted by/prepared by:

Preparer/Submitter's name
Phone # _____

VERIFICATION

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

Signature

Date

		:	IN THE COURT OF COMMON PLEAS
Plaintiff		:	OF PIKE COUNTY, PENNSYLVANIA
		:	
		:	
		:	
v.		:	
		:	
		:	
		:	
		:	No.
Defendant		:	

**ATTACHMENT A TO PETITION
FIREARMS, OTHER WEAPONS, OR AMMUNITION INVENTORY**

I, _____, Plaintiff in this Protection from Abuse Action, hereby

_____ (a) state that Defendant used or threatened to use the following firearms, other weapons, ammunition against Plaintiff or the minor child/ren (include addresses or locations, if known, such as "front seat of blue truck", "gun cabinet", "bedroom closet", etc.)

Request Relinquishment	Firearm/Other Weapon/Ammunition	Location
<input type="checkbox"/> 1.	_____	_____
<input type="checkbox"/> 2.	_____	_____
<input type="checkbox"/> 3.	_____	_____
<input type="checkbox"/> 4.	_____	_____
<input type="checkbox"/> 5.	_____	_____

_____ (b) state that Defendant, to the best of my knowledge or belief, owns or possesses the following firearms, other weapons, or ammunition not set forth in (a) above (include addresses or locations if known):

Request Relinquishment	Firearm/Other Weapon/Ammunition	Location
<input type="checkbox"/> 1.	_____	_____
<input type="checkbox"/> 2.	_____	_____
<input type="checkbox"/> 3.	_____	_____
<input type="checkbox"/> 4.	_____	_____
<input type="checkbox"/> 5.	_____	_____

____ (c) request that the court order Defendant to relinquish the following firearms, other weapons, or ammunition (include addresses or locations, if known):

Request Relinquishment	Firearm/Other Weapon/Ammunition	Location
<input type="checkbox"/>	1. _____	_____
<input type="checkbox"/>	2. _____	_____
<input type="checkbox"/>	3. _____	_____
<input type="checkbox"/>	4. _____	_____
<input type="checkbox"/>	5. _____	_____

____ All firearms, other weapons, or ammunition owned or possessed by Defendant.

Additional Notes: _____

Name: _____ Date: _____

NOTICE: This attachment will be withheld from public inspection in accordance with 23 Pa. C.S. §6108 (a)(7)(v).

PIKE COUNTY SHERIFF'S OFFICE COPY ONLY

Questions concerning P.F.A.

DEFENDANT'S INFORMATION:

Name: _____ DOB _____

Phone # _____ Cell # _____

Description of Defendant

Height _____ Weight _____
Hair Color _____ Sex _____
Eye Color _____ Age _____
Facial Hair _____ Race _____
Glasses _____ Other _____

POLICE SERVICE

PSP Blooming Grove _____
Milford Police _____
Eastern Pike Regional Police _____
Shohola Police _____
Other Agencies _____

Vehicle Description: _____

Work Place and Work Schedule:

Best Time to be Served? _____

Address to be served: _____

Directions to address to be served:

1) Owns Guns? YES ___ NO ___

2) Does the Defendant possess a carrying permit? YES ___ NO ___

Person & Phone number to call when Defendant has been served:

_____ DATE: _____

NOTE: PLEASE READ FINAL COPY SIGNED BY JUDGE BEFORE SERVING

PENNSYLVANIA STATE POLICE COPY ONLY
(Plaintiff's information to be faxed to the PSP (570) 226-5725)

Name: _____ **DOB** _____

Physical Address: _____

Mailing Address: _____

Home Phone #: _____

Cell Phone #: _____

Directions: _____

